

SEXUAL AND DOMESTIC VIOLENCE: POST TRAUMATIC
STRESS IN RELATION TO BREAST CANCER
AND THE ROLE OF THE CHURCH

Gloria A. Williams

B.S., University of San Francisco, 1991
M.Div., American Baptist Seminary of the West, 2001

Mentor
Sharon Ellis Davis, Ph.D.

A FINAL PROJECT SUBMITTED TO
THE DOCTORAL STUDIES COMMITTEE
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF MINISTRY

UNITED THEOLOGICAL SEMINARY
DAYTON, OHIO
MAY, 2010

ABSTRACT

SEXUAL AND DOMESTIC VIOLENCE. POST TRAUMATIC STRESS IN RELATION TO BREAST CANCER AND THE ROLE OF THE CHURCH

by

Gloria A. Williams

Mentor

Sharon Ellis Davis, Ph.D.

The context, Faith Fellowship Community Church, of North Highlands, California, have reports of Sexual Abuse/Domestic Violence (SA/DV) among members. They may suffer with Post Traumatic Stress, most likely causing Breast Cancer. The focus of this ministry research ministry, Vessel of Strength Retreat unified six individuals diagnosed with Breast Cancer to answer questions regarding prior experiences of (SA/DV). The researcher used qualitative research including surveys, questionnaires, field- notes, interviewing, and evaluating an educational curriculum presentation. Data discovery: case studies, statistics, and evaluations. In conclusion, most participants experienced one form of (SA/DV). Recommendations include methods for enlightening the abused to seek help.

ACKNOWLEDGMENTS

I praise God for his faithfulness and the gift of life. His love and mercy endures forever. I am grateful for the opportunity to write this dissertation and earn this Doctorate of Ministry degree.

This would not have become a reality without special thanks to my mentor and advisor, Dr. Sharon Ellis Davis. Dr. Davis it has been a blessing to work with you through this process. I am looking forward to working with you again on the projects that we talked about. You exemplify what it means to be a servant leader. Through all of life challenges God has kept you for His will and work. I am honored to have been a member of the “Sexual and Domestic Violence and the Role of Faith Based Institutions” focus group. This ground breaking effort will ultimately save lives, mend wounded souls, and heal the brokenness of our society.

Very special thanks to the members of my focus group, Rev. Pamela Coleman, Rev. Hazel A. King, Rev. Francina Parrett, Rev. Mary Walton, Elder Tracy Blakley, Evangelist Linda I. Itson, that encouraged, reviewed, and critiqued my work; Also Rev. Quinton T. Fletcher, Rev. Tarra G. Gilbert, and Rev. Rose Robinson, I am blessed by your support.

I am grateful to the leadership of UTS. A special thank you to Dr. Harold A. Hudson, Dean of Doctoral Studies; Janice Kronour, Administrative Assistant for providing wisdom and support during my journey with you. A special thank you to the

rest of the faculty Mentors and faculty consultants for our times we shared during the awesome Intensive weeks.

A special thank you to Dr. David Speigal of the Stanford School of Medicine: Center on Stress and Health for the work that is doing to make a difference in the lives of many individuals. I am so ever grateful to Dr. Kristie Bobolis for supporting me with this project. A very special thank you to C. J. Doran and Nandi Sazbo who supported and kept me encouraged during this part of my journey.

A special thank you to Dr. Regina Anderson, Dr. Kimberly Carter, and Dr. Edith Weinrub for your support as Professional Associates and sharing your specialized expertise for my project. I am also grateful for the support of the team of Context Associates that helped me with the project, Rev. Rose Charley, Rev. O'Harrall A. Sago, Rev. Laura Keller, Rev. Brenda Guess, Ms. Rose Marie Colbert, Ms. Jackie Robinson, Mrs. Denise Deluz, Mrs. Carmelita Austin, Mary Pare'R.N., Dec. Jim Oliver, and the Grace Life Women's Ministry.

I am forever grateful for the prayers, support, and encouragement from my family, friends, and Co-labors in the ministry.

I am sincerely thankful for the prayers, encouragement, and support that I received from Pastor Rose Charley, the ministers, leaders and members of Faith Fellowship Community Church of North Highlands, California,

A special thank you to Dr. J. Alfred Smith Sr., Emeritus; your prayers, encouragement, and leadership have been a powerful influence on my life. Many thanks to you Dr. J. Alfred Smith Jr., Pastor, for listening to God when you called me to teach

New Members class. And thank you to the ministers and members of Allen Temple Baptist Church, Oakland, California.

I am deeply grateful to the participants of my research project and with gratitude I humbly thank you for being a part of this event.

DEDICATION

May this presentation encourage every living vessel to honor their treasure within, which is the breath of life; the breath of knowledge; the breath of the Holy Spirit; the breath that sustains our esteem; for we are vessels of strength.

LIST OF ABBREVIATIONS

ACS	American Cancer Society
NIV	New International Version
DVT	deep vein thrombosis
DNA	deoxyribonucleic acid
IRS	Internal Revenue Service
JCL	job control language
FFCC	Faith Fellowship Community Church
WSC	Washington Saturday College
CT scan	computerizes axial tomography
COBOL	common business oriented language
SA/DV	Sexual Abuse/Domestic Violence
PTS	Post Traumatic Stress
PTSD	Post Traumatic Stress Disorder
NRSV	New Revised Standard Version
CSU	California State University

INTRODUCTION

It is the researcher's assumption that most likely survivors or victims of sexual abuse/domestic violence (SA/DV) are also survivors of breast cancer. This assumption is tested to determine if the lingering effect of traumatic stress from (SA/DV) is most likely related to breast cancer. In addition, the researcher examines the significance of the role of the church for victims and survivors and advocates for them by recommending to the church an educational curriculum as a benefit.

The model of ministry for this research project investigates the possible relationship of post traumatic stress (PTS) and sexual abuse/domestic violence (SA/DV) with breast cancer. The intention of the researcher is to survey women with a diagnosis of breast cancer that live in the northern Sacramento, California area. In addition, to having traumatic life experiences, in particular sexual abuse/domestic violence, they might have experienced; strategies they commonly used for reducing stress (e.g., sleep, exercise); resources from the church or other faith-based institutions used for dealing with traumatic experiences; and basic information related to their diagnosis of breast cancer (e.g., type and stage). The participants also evaluated a holistic model educational curriculum. The collected data and methodology presented in six case studies. The researcher's intention is to create an environment to bring together psychological, medical, and religious disciplines in a holistic approach for healing a broken spirit. This research in ministry provides a forum to address the needs of the church congregation and community by

bringing awareness to the possible relationship between sexual abuse/domestic violence and breast cancer. The researcher for this model in ministry is looking forward to collaborating with national organizations for bringing attention to the impact of traumatic stress on the body.

Chapter One of this model of ministry addresses the impact (SA/DV) transformative impacts through PTS on the body, mind, and spirit of women and men within the context of northern Sacramento, California. The church serves as a beacon of light in the community that draws the broken hearted, sick, wounded, and others that seek refuge in a place of worship. The researcher chose this area of ministry to find a resolve to an unanswered question since experiencing a personal journey with breast cancer. The researcher's triangulation process of examination to test the validity of the method of research includes gathering participants in the form of a one day retreat; observation of participants taking field notes and telephone interviews; and utilizing several forms of data collection that include: survey, questionnaires, demographics, and evaluations. Questioning the following: Is there a relationship between traumatic stress, specifically sexual abuse/domestic violence, and breast cancer? The researcher examined the biblical text, women's history, breast cancer concepts, PTS, and sexual abuse/domestic violence, while searching for answers. Importantly, the researcher intently listened to the stories of breast cancer survivors in this model of ministry.

Chapter Two will bring to the forefront the state of the art dialogues for this model of ministry. The researcher shares other relevant concepts and models of ministry discoveries with the reader. The researcher also offers a model educational curriculum

that addresses how important the role of the church can be by having appropriate ministries available to provide a holistic approach to healing those who suffer in silence.

Establishment of a theoretical foundation for this model in ministry takes place in Chapter Three. The researcher presents the foundation from a theological, biblical, and historical setting. The biblical text is used to show the fragility of the human body as Paul describes in the New Testament text, 2 Corinthians 4:8, 7, which is comparable to the effect of PTS on the human body. The researcher uses the Old Testament text of Genesis 2:7 for the strength of the biblical foundation.

The participants of this study and their individual stories are described in Chapter Four. The researcher uses the case study process as described by Cresswell, “Case studies, in which the researcher explores in depth a program, an event, an activity, a process, or one or more individuals. The case(s) are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time (Stake, 1995).”¹

The researcher examines (SA/DV) as the independent variables that most likely affect an individual with prolong traumatic stress. All of the participants have received a diagnosis of breast cancer. Each participant resides in northern Sacramento County in California. The study participants, other focus group members, and researcher joined in a retreat for the intent to gather data for a multiple case study. The objective was to investigate the possible effects of PTS, initiated by sexual abuse/domestic violence, on

¹ John W. Creswell. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* Second Edition, (Thousand Oaks: Sage Publications, 2003).

the subsequent diagnosis of breast cancer. The participants will evaluate a holistic educational curriculum.

The researcher's processes the reliability, validity, and quality of the examination of this model of ministry' is presented in Chapter Five, describes the development and implementation of the project and results of questions asked and information gathered during the retreat. Data regarding the experience of traumatic life events of (SA/DV) prior to breast cancer diagnosis, strategies used to alleviate prolong traumatic stress, and evaluations of the educational curriculum presented in various forms including multiple case studies.

Chapter Six discusses the main components of this model in ministry, which are reflection, summary, and conclusion. The researcher focuses on the impact of (SA/DV) has on the individuals and looks at strategies of reconciliation, prevention, intervention, and restoration to improve the overall health of individuals. The researcher brings to the fore front that the church has a significant role to take in this healing process. The researcher shares the process and ideas of improvements, insights, and lessons learned.

CHAPTER ONE

MINISTRY FOCUS

The researcher of this ministry focus has a compassionate voice for African Americans that have experienced a journey with breast cancer and survived. Statistics indicate by alarming figures that the death rate is greater for African Americans with cancer, while the incident rate is less. The hand of God guided the researcher through some turbulent life experiences that were challenging. Her spiritual journey reveals a spirit of giving, sharing, and teaching others the principles of stewardship. The researcher's personal experience with cancer increased her trust and faith in God. She is an advocate for others in their time of need.

The researcher believes an underlining denominator of traumatic stress-related events began to affect her life before birth. As a descendant of slaves, her ancestors endured a subjective travel through the Middle Passage. Her parents were in their teens at the time of her birth. Traumatic stress also affected her after birth. She was born three days after Japan attacked the United States. Her young parents were divorced by the time she was two years old. Afterwards, her new home was with her maternal grandparents. Many years later, she recognized that even her own marriage had all the components of an abusive relationship.

Andrew Sung Park, a professor at the United Theological Seminary in Dayton Ohio, writes about pain and suffering. He declares, “. . . no general term exists to describe the wound of victims in Western languages. Fortunately, the Korean language has a term to describe the deep wound of victims: *han*.”¹ Park continues, “A woman is in a room where there is no door or window. She panics and knocks at the four walls frantically. After a couple of days, realizing there is no use in doing this any longer, she gives up all hope and despairs. Surrounded by the four walls, her life loses meaning, and her spirit dies within her. This slow death of the spirit is Han. Sadness, resignation, hopelessness, and despair are all parts of what Han means.”² Park writes, “Han is the collapsed anguish of the heart due to psychosomatic, social, economic, political, and cultural repression and oppression. When internal and external forces cause our suffering to reach a critical point, it collapses to a singularity of agony. The collapsed sadness, bitterness, rage, and hopelessness become the vortex of our agony, overwhelming our conscious and unconscious modes of thinking. In other words, Han is a physical, mental, and spiritual response to a terrible wrong done to a person. It elicits a warped depth of pain, a visceral physical response, an intense rending of the soul, and a sense of helplessness.”³

Professor Park’s detailed description of Han is similar to the concept PTS. Glenn R. Schiraldi, Ph.D., on the faculty at the University of Maryland, the Pentagon shares his definition of post traumatic stress disorder (PTSD) by writing, “what specifically is

¹ Andrew, Sung Park, *From Hurt to Healing: A Theology of the Wounded* (Nashville, TN: Abingdon Press, 2004), 9-10.

²Ibid., 10.

³Ibid., 11.

PTSD? A trauma is a wound. PTSD refers to deep emotional wounds.⁴ The researcher for this ministry focus is using the term PTS and not PTSD. The pilot ministry described here did not diagnose the participants in this project and the participants had not received a diagnosis of PTSD from a mental health professional. The researcher agrees with Park that a deep wound, has become an effect of “Physical, mental, and spiritual”⁵ response to a horrific pain that someone endures by affliction by someone else. Furthermore, the researcher agrees with Schiraldi’s conception of four responses to undue affliction of pain, which are “physical fatigue, emotional fatigue, mental fatigue, and spiritual fatigue.”⁶

Statistics show that breast cancer death rates for African Americans are greater than other ethnic groups, while the incidence rate is less⁷. The cancerous tumors found in African Americans are more likely to be invasive, aggressive, metastatic, and have recurrences. The researcher participated in a research study that examined the relationships between psychological factors such as stress, quality of sleep, hormones, immunity, and cancer progression with recurring and metastatic breast cancer. The key investigator for the project was Dr. David Spiegel of the Stanford University Hospital Psychiatry Department located in Palo Alto, California.⁸ The study focused on eating

⁴Glenn R. Schiraldi, Ph.D. *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, And Growth*, 2nd ed. (New York, NY: McGraw Hill, 2009), 4.

⁵Park, *From Hurt to Healing*, 11.

⁶Schiraldi, *The Post-Traumatic Stress Disorder Sourcebook*, 14.

⁷United States Cancer Statistics (USCS), <http://apps.nccd.cdc.gov/uscs/> (accessed Thursday September 10, 2009).

⁸David Spiegel, M.D., Stanford School of Medicine: Center on Stress and Health, <http://stresshealthcenter.stanford.edu/research/projects.html> (accessed July 16, 2008).

habits, sleep patterns, physical activity levels, cognitive processes, brain activity, neurological activity, and blood tests. Dr. Spiegel's mission statement for the research study states:

The project is dedicated to studying how stress and support affect mind, brain, and body. People are fundamentally social creatures, and the social and physical environment can both cause and ameliorate stress. Our response to these forces is influenced by our genetic makeup, early life experiences, and our cognitive and emotional response to them. Effects of stress and support on our health are mediated by the central, peripheral and autonomic nervous systems, our hormonal stress response system, and the immune system. Once believed to be autonomously functioning systems, we now know that the nervous, endocrine and immune systems are integrally connected, with exquisitely sensitive communications and interactions. . . . Acute stress can stimulate the immune response, while chronic stress wears it down. These factors can have an effect on the body's ability to fight disease. . . . Our Laboratory is studying psycho physiological effects of trauma, both early in life such as sexual and physical abuse, and later, such as that coming from natural disasters, assault, and combat exposure. We examine stress related to diseases such as cancer and HIV/AIDS, and study effects of group support and hypnosis as psycho physiological interventions. We attempt to link stress history, genetic vulnerability, resilience, coping, and social support, to disease outcome via examination of stress response systems in the brain and body. . . . These stressors may lead to detrimental changes within the body, which can be minimized through psychosocial intervention.⁹

⁹Ibid.

The researcher's personal reason for participating in the study was to learn as much as she could about stress and breast cancer. She also wanted to understand why breast cancer was so aggressive and invasive for some people and not others. Maybe she could discover more evidence regarding the high death rate among African Americans with a diagnosis of breast cancer. She knew that women who survived breast cancer were not just survivors. They were "more than conquerors [in the battle for life] through him [Christ] who loved us."¹⁰ Importantly, she wanted to participate in the study as an African American. Her intention was to diversify the population of the study, bringing attention to the needs of the African American. The researcher brings to the current project the experience from her personal journey with breast cancer, traumatic stress, and a servant leader's attitude.

Context: Breast Cancer, PTS, and the Church

The spiritual journey taken by the researcher presented an opportunity to bear witness to the context site for this ministry focus. The researcher views a paradigm for Christian growth as modeled by the growth of Jesus Christ. The scripture states, "And Jesus increased in wisdom and years, and in divine and human favor."¹¹ Scripture states that Jesus increased or grew equally in four areas of life, which were physically, mentally, spiritually, and socially. Maintaining a balance of these areas could be challenging for some. We are a social people so relating to one another can help us maintain balance in our lives.

¹⁰Rom. 8:37 Unless otherwise noted, all Scripture references are taken from the New International Version.

¹¹Lk. 2:52.

Faith Fellowship Community Church (FFCC), which will serve as the site for this ministry, is a newly planted church located in the heart of North Highlands, California. The church has Baptist roots and practices baptism by immersion and the Lord's Supper. However, FFCC is not a member of a Baptist convention, but is autonomous and governed under bylaws. The church started in November 5, 2000 by a faithful few (76 members) formerly from the New Testament Baptist Church, also located in North Highlands. The stated mission of FFCC is "to become maturing disciples of Jesus Christ who reproduce more disciples, turning change-seekers into change agents."¹² Their vision is to transform lives by leading people into life-changing, ever-growing expressions of genuine love of God and unconditional love of others. Currently, an interim pastor is leading the church while the pastor's position is vacant. She has presided as interim senior pastor several times since the church started. FFCC has grown to well over 800 members. The membership is comprised of approximately 80% African American, 10% Caucasian, and 10% Hispanic and others. In comparison, the "North Highlands community is 60% Caucasian, 12% African American, and 18% Hispanic and others."¹³ Noticeably, FFCC has an excellent balance of babies, youth, young adults, adults, and seniors. Unlike many African American churches, FFCC has a strong African American male presence.

Despite the unpredictable beginnings and changes in leaders, the church has a strong faithful body of believers, lead by a visionary leadership team that responded to a

¹²Faith Fellowship Community Church, Mission Statement, <http://www.Faithfellowshiplive.com/?q=node/21>(accessed February 10, 2010).

¹³North Highlands Statistics, <http://profiles.nationalrelocation.com/California/North%20Highlands/> (accessed February 10, 2010).

call by God and the congregation to make a difference in the community. The foundation of FFCC is faith. The scripture that adorns the church's emblem states, "Now faith is being sure of what we hope for and certain of what we do not see."¹⁴ (Heb. 11:1).

FFCC has a strong outreach ministry, which serves the community with projects that extend to a children's hospital, women's shelter, two senior homes, and a feeding program for the homeless. The values of FFCC is "to transform lives by leading people into life-changing, ever-growing, expressions of genuine love of God and unconditional love of others"¹⁵ by attracting them to the church's in-depth, relational discipleship models in ministry.

Synergy: Congregational Care Development

In 2008, there was a failed attempt by FFCC to collaborate with a national breast cancer organization to provide free mammograms to those who were uninsured or underinsured. The organization would have provided the services of a mobile mammography unit to the FFCC campus. The effort was an attempt to reach out to the women in the congregation and community. Later, the event took place at another location and met their goal of providing mammograms to women that otherwise did not have the means to have one.

In the fall of 2008, FFCC began a rally to educate, enlist, and extend the message of the importance of taking care of one's body, mind, and spirit. The researcher, with

¹⁴ Heb. 11:1.

¹⁵ Faith Fellowship Community Church, Mission Statement, <http://www.faithfellowshiplive.com/?q=node/21>(accessed February 10, 2010).

help from the Health Ministry and context associates, recognized the designation of October as national Breast Cancer and Domestic Violence month. Each Sunday of the month, information packets distributed. The researcher trained for certification with a well-known national breast cancer organization to lead a support group at the church that began in April 2009. The women filled out a survey regarding breast cancer awareness during a women's breakfast. In addition, an eight-week program offered by the Women's Health Initiative at the church included workshops regarding nutrition and taking care of one's body. Each week the attendees weighed in and had their blood pressure taken. Monthly meetings for The Body and Soul¹⁶ program began September 2009.

National statistics show that one out of eight women receives a diagnosis of breast cancer each year. African Americans have a higher death rate from breast cancer than other ethnic groups.¹⁷ There are many assumptions about the increased death rate. Some reports state African American women do not have the recommended annual mammograms after age forty. Other reports indicate that they do not practice breast self-exams to feel for any suspicious growths. Many claim they do not have health insurance or see a doctor on a regular basis. Some reports state stress, nutrition, genetic dispositions, fear, and distrust of the medical field, related to the Tuskegee Syphilis experiments that allowed hundreds of African American men to die, contribute to the high death rate. While the above claims could have some validity, the purpose of this

¹⁶Body and Soul, American Cancer Society http://www.cancer.org/downloads/COM/2009-MS_Bham_BoardMemberNewsletterSept09.pdf (accessed February 2010).

¹⁷Ibid.

ministry of focus was to investigate the effects of PTS caused by sexual abuse/domestic violence.

The researcher learned FFCC has a silent group of members that have experienced sexual abuse/domestic violence. The information came up during a conversation with pastoral leadership that pointed out a need for SA/DV awareness workshops and informational handouts to be available for the congregation. People within the church are suffering in silence with many issues. Some might talk to the pastor regarding the situation. Otherwise, they keep the hurt and pain inside, which becomes a deep wound that continuously festers by the stressful forces in their lives. The researcher questioned the possibility that PTS, fueled by abuse and violence, puts individuals at risk for breast cancer. In addition, what is the role of the church in providing resources, pastoral care, and support? The statistics about domestic violence and sexual abuse are staggering. In this country, husbands, partners, or significant others kill three women every day. Around the world, at least one in three women have been beaten, coerced into sex or otherwise beaten or abused in their lifetime.¹⁸

Transformational experiences in the life of the researcher have committed her to become an agent of change, seeking to make a difference in the lives of others and in the world. When life experiences come together with the concerns of the context, ministry not only becomes easier, it defines ministry.

In her book *Sexual Violence: the Sin Revisited*, Marie Fortune captures the essence of the burdens people hide inside until the point where it can harm not only the

¹⁸Family Violence Prevention Fund (FVPF), Jacquelyn Campbell, Chair, http://209.85.141.104/search?q=cache:_GcbYMj8qbUJ:endahuse.org/resources/facts/DomesticViolence.pdf+what+are+the+statistics+of+domestic+violence&hl=en&ct=clnk&cd=2&gl=us (accessed July 16, 2008).

body, but also the mind and spirit. She writes, “The community of faith as we experience it in the Christian tradition is made up of believers, those who confess faith in God, who follow Jesus, and who seek to live their lives accordingly based on the Gospels.”¹⁹

Fortune also considers the church to be a hospital for sick people, which is true. In reality, she says, “. . . congregations are made up of victims, survivors, offenders, and bystanders.”²⁰ The researcher believes the ministry of Jesus Christ is about making a difference in the lives of people. Marie M. Fortune writes her book will make a difference in the lives of people. She writes, “This book is about changing hearts and saving lives -the hearts of individuals and of institutions.”²¹ The characteristics and devastations of SA/DV are the same whether it is in, or out of the church or in an individual. Taking responsibility for people suffering from SA/DV and the ravages of stress-related diseases such as cancer, human immunodeficiency virus, acquired immunodeficiency syndrome, and others is to help them find a needed place of peace and acceptance. Fortune writes how the times are changing and many men and women are

¹⁹Marie M. Fortune, *Sexual Violence: The Sin Revisited* (Cleveland, OH: The Pilgrim Press, 2005), 219.

²⁰Ibid.

²¹Ibid., ix.

²²Ibid.

now engaged in the response to preventing sexual and domestic violence. She references the scripture, which says, "Do not remember the former things, Or consider the things of old. I am about to do a new thing; now it springs forth, do you not perceive it? I will make a way in the wilderness and rivers in the desert."²²

²²Isa. 43:18-19.

CHAPTER TWO

THE STATE OF THE ART IN THIS MINISTRY MODEL

The researcher's focus in ministry is a collaboration of three disciplines: psychology (traumatic stress caused by SA/DV), health/medicine (breast cancer), and theology (the church). The challenge for the researcher was finding pertinent literature that was inclusive. There is literature available with topics related to domestic violence in the church, many focusing on training for pastors and leaders. There is material written on self-care and help for the abused. There is even literature that addresses the PTS faced during church mergers. In addition, the medical field has volumes addressing breast cancer cure and prevention. Finally, the fields of psychology and psychiatry have articles, journals, books, and clinical trials available on PTSD and breast cancer. All of the literature the researcher discovered to support the theme of this ministry is excellent material; however, it does not fit the full goal of the project. The focus of this pilot ministry is to provide a place for individual to become empowered spiritually, mentally, and physically. Long-term extreme traumatic stress may affect the body with diseases such as breast cancer and has other crippling attributes that hinder one's survival instincts.

In this section, are descriptions of literatures relevant to the variables that comprise this focus in ministry. First, by providing background information on breast cancer, the common health issue of those who participated in the pilot ministry. Second, a

discussion of issues related to the disparity of survival rates among African American women as compared to women from other ethnic groups. Third, the relationship between stress and health problems is proposed and a discussion of several programs aimed at reducing the effects of traumatic stress on health and a person's well-being. Finally, this focus in ministry could be the possible role the church may take in addressing and discussing sexual abuse/domestic violence, which is a form of traumatic stress.

Breast Anatomy and Breast Cancer

Surgeon Ernie Bodai has performed thousands of breast cancer surgeries on women. He became frustrated with the high numbers of women - and in some cases men - that have dealt with breast cancer. He designed the Breast Cancer Research Stamp as a way to raise money at a faster pace for breast cancer research. In 2001, the stamp raised over 25 million dollars. Dr. Bodai is on staff at Kaiser Permanente in Sacramento, California. He is the author of *I Flunked My Mammogram* an easy to read book about breast cancer.

For the purpose of this focus in ministry, the researcher uses a descriptive section from Dr. Bodai's book that describes the intricate make up of the human breast and the process of breast cancer invasion into the body:

The female breast is primarily made up of skin, fat and connective tissues, with arteries, veins and nerves interspersed throughout. Each breast has 15 to 20 sections called lobes and each lobe has many smaller sections called lobules. The lobules make the breast milk, which is then carried to the nipple through a system of thin tubes called ducts. A layer of muscle lies underneath the breast but is not considered part of the breast itself. It is important to note that most breast lumps or tumors are not cancerous.¹

¹Ernie Bodai and Richard A. Zmuda, *I Flunked My Mammogram!: What You Need To Know About Breast Cancer Now!* (Severna Park, MD: B2Z Publishing, Inc., 2001), 5.

The description of the breast anatomy gives one a mental picture of what could happen when the intricate anatomy of the breast invaded with disease, surgery, radiation, or chemotherapy. Dr. Bodai describes how the cancer cells form. The researcher asks the participants questions related to the types of cancer they experienced, if the cancer metastasizes. Importantly, there is a reference to cell becoming altered from outside influences. The description that Dr. Bodai states gives validity to the survey questions.

“The most common type of breast cancer forms in the cells of the ducts . . . Cancer that begins in the lobes or lobules is called lobular carcinoma. Less commonly, breast cancer can affect the nipple . . . Rarely, it can be found primarily in the lymphatic vessels and skin

The exact type of cancer is categorized by its origin. In the case of individuals diagnosed with breast cancer, it originated somewhere in the breast (ducts, lobules, etc.) Even if the cancer spreads (metastasizes) from the breast to another part of the body, it is still referred to as *breast cancer*.

In its simplest term, a cancer cell is a cell that just does not know when or how to stop dividing. All cells have a natural lifespan, but sometimes a cell will not die when its time is up. The cell may have been altered by some outside factor, or in the case of inherited cancers, a mutation in its genetic code may have been passed down from earlier generations, causing it to keep dividing and growing. . . . The cancer cell divides into two . . . then thousands of them clustering together to form a lump, mass, or tumor. . . . Cancerous cells can spread to other parts of the body in two ways. They can grow into a mass (tumor) and invade nearby tissues or organs, or they can break away and spread through the bloodstream or the lymphatic system to other parts of the body. . . . A

malignant tumor, on the other hand, is a collection of cells, which grow and can affect nearby tissues or can break away and travel to distant parts of the body.

Culture and Ethnicity: African American Women and Breast Cancer²

In a chapter on African American women and breast cancer, writers Janice Phillips and Eva Smith emphasize, "African American women continue to show considerable disparity with regard to survival."³ This supports the researcher's claim about the high death rate among African American women with breast cancer. Phillips and Smith place ". . . a special emphasis on cultural and sociocultural determinants of breast cancer screening and detection."⁴ "The number of times women receive a diagnosis of breast cancer represents the incidence rate."⁵

The extreme contrast to the incidence rate of breast cancer is the mortality rate or death rate. Phillips and Smith give the statistics by ethnicity. They include findings from epidemiology, a "branch of medicine that studies incidence and prevalence of disease in large populations and with the detection of the source and cause of epidemics of

²Janice Phillips and Eva Smith, *African American Women and Breast Cancer*, in *Contemporary Issues in Breast Cancer: A Nursing Perspective 2nd ed.*, edited by Karen Hassey Dow (Jones and Bartlett Publishers: Sudbury, MA, 2004), 283.

³Ibid.

⁴Ibid.

⁵Phillips and Smith, 283. Note Statistics: The number of new invasive cases of breast cancer that will be diagnosed in the United States in 2003 is projected to be 211,300, and the number of new in situ breast cancer cases that will be diagnosed is 55,700 (American Cancer Society (ACS), 2003). Overall, between 1992 and 1998, Caucasian women had the highest incidence rate of breast cancer, 115.5 cases per 100,000, among all ethnic groups (African American women = 101.5/100,000; Asian/Pacific Islander women = 78.1/100,000; Hispanic women = 68.5/100,000; and Native American women = 50.5/100,000. Between 1992 and 1998, epidemiologists report that incidence rates remained relatively stable among women of all racial and ethnic groups. For African American women breast cancer is the most common cancer. Although the incidence rate for African American women is approximately 13% lower than the rate for white women (ACS, 2001).

infectious disease.”⁶ The statistics continue to affirm the need for explore the high death rate from disease for African American women. The researcher goal is to bring awareness to the church of the mortality rate in SA/DV as well as breast cancer. The publication of the following statistics by authors Phillips and Smith are important for this focus in ministry.⁷

The chapter by Phillips and Smith continues with findings from Newman et al. about the significant disparity in survival rate between Caucasian and African American women. The researcher addresses the survival times in the survey, it will be interesting to compare the results. This will be for the purpose of bringing awareness to empowering self and regarding the value of health, nutrition, and spirituality.⁸

In addition, Newman et al. found that “African American patients had larger mean tumor sizes, lower rates of localized disease, higher rates of estrogen receptor negativity, and higher proportions of medullary tumors. African American women were noted to

⁶Medical Dictionary, <http://dictionary.reference.com/browse/Epidemiologists> [accessed February 10, 2010].

⁷Phillips and Smith, 284. Note: “Although breast cancer is the second leading cause of cancer death in American women, it is the leading cancer for African American women. African American women have a 33% greater risk of dying from the disease than white women (Shinagawa, 2000). Epidemiologists estimate that in 2003, 40,200 deaths (39,800 women, 400 men) will be attributed to breast cancer (ACS, 2003). During 1992 -1998, the highest age-adjusted mortality rate occurred among African American women (31.0 per 100, 000 cases) followed by white women (24.3 per 100,000 cases), Hispanic women (14.8 per 100,000 cases), Native American women (12.4 per 100,000 cases), and Asian/Pacific Islander women (11.0 per 100,000 cases). The late 1980s and the 1990s witnessed reductions in breast cancer mortality, with the greatest declines seen among white women during the 1990s. The recent declines in breast cancer mortality are in part a result of improvements in breast cancer treatments and increased use of mammography screening (ACS, 2002). Although breast cancer death rates have declined, in recent years, African American women continue to experience death rates that are approximately 28% higher than those of their white counterparts (ACS, 2001).

⁸ Phillips and Smith, 284. Note: “African American women diagnosed with breast cancer are less likely than white women to survive for 5 years (73% vs. 87%, respectively). Currently, relative survival rates for women diagnosed with breast cancer are 86% at 5 years after diagnosis, 76% after 10 years, 58% after 15 years, and 53% after 20 years. When looking at 5-year relative survival rates, 81% of white women and 76% of African American women are expected to survive an additional 5 years. . .”

have significantly greater risk of death at every stage of diagnosis when compared with whites.”⁹

Post Traumatic Stress

A key variable of this ministry is traumatic stress. The researcher recognizes post traumatic stress /post traumatic stress disorder are becoming common terms. News analysts often use the terms in commentaries or news releases regarding war, conflicts, and other tragedies. “Researchers have gradually come to understand that all forms of trauma, be it domestic violence, sexual abuse, war, or natural disasters, create extreme stress, which can result in a variety of debilitating emotional and physical symptoms. If the stress symptoms continue over the course of time, they can lead to a condition labeled post-traumatic stress disorder (PTSD),”¹⁰ in which the traumatic event is re-experienced through nightmares, flashbacks, emotional numbing, hyper arousal (rapid breathing, heart palpitations, and the like), and extreme avoidance of trauma reminders.”¹¹

The thesis project, *The Implications of Stress on the MSW Student*, written in 1994 by Christine Sullivan, Julie Pellizzer, Sandy Pate, and Hilda Vega of the California State University Sacramento (CSUS) addresses the effects of stress on graduate students

⁹Ibid., 285.

¹⁰Quoted from: Several population studies of trauma and PTSD suggest that, based on various risk factors, approximately 25 percent of those exposed to an extreme stressor event will develop full-blown PTSD, See Bonnie L. Green, *Psychological Research in Traumatic Stress: An Update*, *Journal of Traumatic Stress* 7(1994):345; Bessel A vander Kolk, *The Psychological Consequences of Overwhelming Life Experience*, in *Psychological Trauma*, ed Bessel A. van der Kolk (Washington, D.C.: American Psychiatric Press, 1987), 10-12.

¹¹*The Diagnostic and Statistical Manual of Mental Disorder* places PTSD under anxiety disorders and notes that it is characterized by "the reexperiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma" ([Washington, D.C.: American Psychiatric Association, 1994], 393).

in social work. The researcher met Christine Sullivan and during a conversation realized, their projects were similar. The commonality was stress. They both wanted to measure the impact of stress on the human body. The Sullivan et al. thesis begins by addressing students' perception of stress "in terms of pressures or forces occurring in their immediate environment. For example, students may complain about being under stress due to the seemingly unrealistic demands of instructors or because of their lack of time for recreational pursuits. Often individuals are known to connect these stressors to their prevailing physical problems such as headaches, stomachaches, or other ailments."¹²

Sullivan et al. continue by writing:

The graduate student may adapt positively or negatively as social change occurs; stress and developmental crises may accompany these changes. A positive adaptation to stress reinforces one's existing values and assures opportunities to achieve them. A negative adaptation can produce deviant behavior, a psychological disorder, or physical illness. It is propounded that stress is linked to illness or disease.¹³

Sullivan et al. identified "stress sources affecting social work graduate students, focusing on and detailing increases in symptoms and illness cited by students since entering the MSW program. The review of the literature demonstrates a significant relationship between stress and a person's physical and emotional well-being. The extent to which health problems began or increased since students entered the MSW program was illustrated. The findings clearly showed significant increases in 15 of the 29 health conditions/illnesses listed on the Health Questionnaire items. This project, like the

¹²Christine Sullivan, Julie Pellizzer, Sandy Pate, and Hilda Vega, *Implications of Stress and the MSW Student* (Sacramento, CA: California State University Sacramento, 1994), 1.

¹³Ibid., 10.

baseline study, indicated that as the student's level of stress increases, so do the number of symptoms/occurrences of illness."¹⁴

The researcher of this focus in ministry confirms that stress significantly impacts the body - no matter if the stressor is perceived by a graduate student or a person traumatized by sexual abuse/domestic violence. While visiting the CSUS campus library, the researcher could not help notice the *Stress Free Zone*. This is a place for students to go to in order to relieve stress. The area had reclining chairs, headphones for listening to calming music, literature, and other stress relieving items.

Impact of Abuse and Violence on Long-Term Health Consequences of Women
Jacquelyn C. Campbell, the Anna D. Wolf Professor at John Hopkins School of Nursing, is well-known for her advocacy policy work and research in the area of domestic violence, violence against women, and intimate partner violence. In a recent study published in the Archives of Internal Medicine, Campbell and her colleagues found that "female victims of physical and/or sexual abuse have a significantly higher rate of common health problems, even after the abuse ends, compared to women who have never been abused." Participants were well-educated Caucasian and African American women, of who one in ten had experienced domestic violence. Those with a history of domestic violence reported neurological, gynecological, and stress-related problems (such as headaches, back pain, sexually transmitted disease, urinary tract infection, loss of appetite, and abdominal pain) at rates 50 - 70% higher than women who were never abused. In addition, significantly more gynecological problems, chronic stress, and

¹⁴Ibid., 71.

problems of the central nervous system were reported by abused women. According to Campbell,

Injuries to the face, neck, and upper body are obvious indicators of abuse, but domestic violence also leads to long-term emotional and physical health consequences. Such symptoms are not generally associated with domestic violence, and therefore questions about possible violence should be included in routine screening of all women . . . Study results also point to a need to screen for abuse regardless of a woman's socioeconomic status.¹⁵

Programs Targeting Impact of Traumatic Stress

The Trauma of Abuse

Author Steven R. Tracy, Ph.D., "is vice president of academic affairs and associate professor of theology and ethics at Phoenix Seminary in Scottsdale, Arizona, specialize in biblical ethics, abuse, and sexuality. He and his wife are the founders of Door of Hope, a nonprofit ministry that provides training, curricula, and education for abuse-healing ministry. Dr. Tracy is the author of various articles on abuse and sexuality and has fifteen years of pastoral and counseling experience."¹⁶ He addresses abuse and violence in the lives of children, youth, and families in his book *Mending the Soul: Understanding and Healing Abuse*, using case studies to illustrate the different phenomena of sexual abuse/domestic violence. The author's book covers three major

¹⁵Ming Tai, Contact, "Domestic Violence Causes Long Term Health Consequences for Women," *Bio-Medicine* (John Hopkins School of Nursing, Study (June 3, 2002), <http://news.bio-medicine.org/biology-news-2/Domestic-violence-causes-long-term-health-consequences-for-women-7453-1/> (accessed July 2008).

¹⁶Steven R. Tracy, *Mending the Soul: Understanding and Healing Abuse* (Grand Rapids, MI: Zondervan, 2005), back cover.

topics, “first the nature of abuse; followed by the effects of abuse; and concluding with the healing path.”¹⁷

Dr. Tracy shares a case study of a twelve-year-old girl in his chapter on *powerlessness and deadness*. The young girl was not physically or sexually abused, but suffered from chronic emotional neglect. Her divorced parents were emotionally distraught. The mother was an alcoholic and the father was ‘emotionally paralyzed.’ The girl was in counseling because she exhibited sexually precocious behavior at school. The counseling evaluation involved having the patient draw a self-portrait. The girl drew her portrait intently with color pencils. The portrait was of her under spotlights on a stage with a big smile. The girl is telling a joke: ‘When do kids like to go to school? When it is closed?’ Her picture showed people in the audience laughing, with the words ‘ha ha’ written near their mouths. The therapist was intrigued and asked the girl if she always felt this way, because the drawing appeared artificial and contrived. She shook her head soberly, turned the paper over, and began drawing another portrait of herself. The second picture was dramatically different from the first. She drew her face covered with sad, dark emotions. Small images depicting abandonment and traumatic memory obscured her face. Instead of standing on a stage like in the first picture she stood alone in darkness. Compared to the first picture there was no smile, no friends, and no cheers. The face of her portrait had the words, ‘worryness, being blamed, jealousy, hurt, lying, sadness, and scaredness’ written all over her face, with pictures of small stick people.¹⁸

¹⁷Ibid., 6.

¹⁸Ibid., 93-95.

The question Dr. Tracy posed is how a young girl viewed by her family as sweet and innocent could be so sexually aggressive in school that school officials threatened to expel her if she did get professional counseling. According to Tracy, the young girl “was successfully able to dissociate (internally pull away) from her pain and loneliness to such an extent that she fooled everyone around her, including herself. In essence . . . she learned to live by dying. But deadening ourselves to feelings, longings, and memories doesn’t really kill them; they just become more invisible, more influential, and less comprehensible.”¹⁹ The young girl’s parents discontinued her counseling. Three years later she returned for counseling after being involved in a sexual relationship with a thirty-five year old coach. According to Tracy, “the story illustrates the way abusive trauma creates shame and a sense of powerlessness, which in turn can create dangerous deadness.”²⁰

A sexual abuse policy from the First Church is available in Tracy’s book that is ready for implantation for those readers concerned about protecting children from sexual abuse in the church. The procedures are complete and detailed, with instructions for setting up a child protection ministry and training. There is a note referring any questions or concerns to the church. The policy lists a summary statement, definitions of child abuse for children under the age of eighteen, procedural responses to alleged child abuse, and a guide for selection of children and youth workers. The policy includes education and monitoring of workers regarding abuse, guidelines for children and youth workers to reduce abuse and false allegations of abuse. There is also a detailed application for

¹⁹Ibid., 95.

²⁰Ibid.

children's/youth work that includes an applicant's statement, request for criminal records check and authorization, child protection oral screening guideline, and a list of warning signs of potential abusers. The comprehensive section of bible passages that address abuse are in sections that address effects, condemnation, and responsibility of leadership of abuse, for example one section heading is 'Jesus' view of children and those who harm children, Jer. 32:31-32, 35; Matt 18:5-6; Matt 19:13-14.'²¹

The researcher found the book by Dr. Tracy extremely interesting because of biblical scriptures he identified supporting his examination of sexual abuse and violence. Although Tracy's focus is on children, his framework is portable to use within any context. He writes about forgiveness, shares stories of sexually abused children that are adults, and discusses the healing process.

The Military Faces Post Traumatic Stress Disorder

Chaplain Robert B. Lancia completed his doctorate at United Theological Seminary in Dayton, Ohio. The title of his dissertation is Post-Traumatic Stress Disorder and Spirituality: The Role of the Chaplain in the Canadian Armed Forces Operational Trauma, Stress and Support Centre (OTSSC). Lancia is "... the first United States Navy chaplain assigned to the Canadian military. He has had a variety of experiences, such as being the chaplain deployed with Canadian ships, doing worship services at the chapels (both Air Force and Navy), giving briefs on 'Spirituality and Recovery' at the base Alcohol Rehabilitation Centre, and being the chaplain assigned to a Canadian Forces

²¹Ibid., 217.

military hospital.”²² Lancia’s project was the spiritual component of a multi-disciplinary health care team consisting of psychologists, psychiatrists, and chaplains collaborating in the treatment of individuals diagnosed with PTSD. The researcher notes commonalities between her ministry and that of Lancia. In particular, both represent a multidisciplinary approach to the challenge of traumatic stress.

Chaplain Lancia addressed spiritual needs by giving a “spiritual health presentation as part of the one or two-week group program designed to benefit the service members as well as their family members.”²³ His project was a first attempt to use an all spiritual-/faith-based educational component with a focus on PTSD. One major difference from the researcher’s focus in ministry is that military service members treated at the OTSSC had a clinical diagnosis of PTSD prior to attending the program. The project was initiated because of complaints from military members about a lack of support or help with problems related to PTSD. The Canadian government initiated a comprehensive study to identify and study their concerns. Because of the study, the Canadian Forces Quality of Life Insurance Initiative instituted “. . . the military trauma centre as a part of the improved medical care.”²⁴

Prior to giving his presentations on spiritual health, Lancia was informed the attendees “had bad experiences with organized religion and did not agree with the rules or beliefs of a particular faith group. However, there remained an interest in learning

²² Robert B. Lancia, *Post-Traumatic Stress Disorder and Spirituality: The Role of the Chaplain in the Canadian Armed Forces Operational Trauma, Stress and Trauma Centers*, (D.Min., diss., United Theological Seminary: Dayton, 2000.)

²³Ibid., 7.

²⁴Ibid., 4.

more about God or a Higher power.”²⁵ Other guidelines were that chaplains must never attempt proselytizing and did not have a role as a spiritual director. Finally, it was understood that participation by the attendees was voluntary and all views were to be respected by not being commented upon.²⁶

The planning group met during a five-day planning session to set up the program. The facilitators consisted of a psychologist, two clinical social workers, a chaplain, a psychiatrist, and a representative from the Veterans Affairs of Canada. Their plans were to have several one and two-week group experiences with a maximum of twelve military members at one time, during the year. The attendees’ partners were also enlisted in an educational curriculum that addressed their support and experiences of their partners with PTSD.²⁷

The Centre posted a list of possible group activities on their web site. The activities consisted of the following topics on spirituality:

- (1) *Spiritual Autobiography*: The patients’ assignment prior to the session was to write their spiritual journey from childhood to present. The intent of the exercise was to highlight key experiences and decisions they made regarding their religious faith in the context of how they occurred. The exercise allowed the patients to objectively see and reflect on their current religious beliefs and practices, helping them make decisions on how they would currently like to pursue their life. Patients’ autobiographies were presented and discussed in the sessions, for the purpose of identifying and discussing any relevant themes and issues.
- (2) *Discussion of key issues*: The group discussions were on key theological issues. The facilitators informed the group of how the

²⁵Ibid., 17.

²⁶Ibid.

²⁷Ibid., 40-41.

various traditions resolved these issues, while the patients made decisions on how to resolve their personal concerns.

- (3) *Spiritual exercises*: A variety of exercises involving meditation, guided imagery, and silent prayer were used for this exercise. A relaxation component was to build upon existing stress management skills the patients already learned and used. The patients were encouraged to practice prayer and meditation exercises outside of the group setting.
- (4) *Selected readings and religious ritual*: Reading material collected by the group members and a file maintained by facilitators were assigned as homework. The group members were asked to keep a journal, recording their thoughts and experiences. The importance of religious rituals was discussed. The members were asked to discover the rituals in the churches they visited. The group was to enact the rituals at some point.
- (5) *Religious participation outside the group*: Group members were encouraged to attend a religious service of their choice. The purpose was to desensitize the experience for members that were having difficulty with the process and to facilitate outside network support.²⁸

Challenge to the Church on Their Role in Sexual Abuse/Domestic Violence

Marie Fortune, an ordained minister, revolutionist, advocate, and writer challenges assumptions regarding sexual abuse/domestic violence. In her book, “Sexual Violence: The Sin Revisited” she brings thought-provoking information about abuse to the community as well as the church. The title alone reiterates her thoughts that sexual violence is a sin that challenges the church to respond.

The harsh reality of sexual violence requires a comprehensive re-examination of theological sources including scripture, traditional Christian sexual ethics, and specific Christian teachings about sexuality and sexual violence. This critical examination will lead us to reframe the ethical questions posed by the experience of

²⁸Ibid., 43-44.

sexual violence. We can then develop the ethical and theological foundation that is fundamental to an effective and meaningful response to sexual violence grounded in the Christian faith.²⁹

Fortune addresses the researcher's concern regarding the role of the church. She presents her case regarding scriptural resources, writing, "in contrast to Hebrew scripture, Christian scripture does not appear to have any explicit references to sexual violence."³⁰ Fortune suggests the Christian text can be used to build a framework for an ethical approach to the text. The researcher's focus in ministry examines today's church and the role the church should play in providing resources for victims of sexual abuse/domestic violence, finding pertinent information in Fortune's discussions in 'Asking the Church to be the Church.' According to Fortune:

The community of faith gathers in a structured format (congregation or parish) or a nonstructured one (house church, community-based ministry, etc.). Wherever and however the community of faith gathers, it claims to be a part of the body of Christ and, through it, we are called to ministry. One aspect of this ministry is a pastoral responsibility to victims and offenders of sexual violence. But the other reality is that congregations are made up of victim/survivors, offenders, and bystanders, which always complicates the situation where someone has assaulted or abused another person. Given the large numbers of persons who are directly affected by sexual assault and abuse, we can safely assume that in virtually every church gathering, from Sunday worship to the occasional potluck, we are all in the room -- victim/survivors, offenders, and bystanders. So our consideration of effective ministry has to take account of this reality.³¹

Fortune's description of the church community describes the researcher's view of how the church community is comprised of people that have been victimized by sexual

²⁹Marie M. Fortune, *Sexual Violence: The Sin Revisited* (Cleveland, OH: The Pilgrim Press, 2005), 2.

³⁰*Ibid.*, 101.

³¹*Ibid.*, 219.

abuse/domestic violence, “. . . survivors, offenders, and by standers.”³² The researcher’s ministry will provide resources targeted to empower the abused that go unnoticed or have chosen to remain silent. Fortune gives examples of why “in some situations of pain, pastors and congregations are comfortable in the Good Samaritan role. In other situations such as sexual assault, they will be tempted to play the Priest and the Levite and pass by on the other side.”³³

Fortune offers suggestions on how the church can be supportive. She writes, “. . . preaching about sexual abuse and violence can provide a framework of information about sexual violence and abuse as well as the assurance that the pastor and the church are prepared to be supportive.”³⁴ Fortune recommends liturgical form as a way the community of faith can respond to victims of sexual violence. She states, “. . . just as we give form to other significant experiences through baptism, weddings, and funerals, it is also appropriate that we seek liturgical ways to bring healing and resolution to victims.”³⁵

Fortune also states:

A pastor can open the door and let it be known that he or she is available to help with the problem of sexual violence by giving permission for the subject to be discussed in church and by being prepared to help...By making this announcement from the pulpit, the pastor in effect hung up a sign saying, ‘I am learning about these problems, I know that some of you are facing them, and I am available to help.’ It should come as no surprise that people then sought his assistance...This can be accomplished through a sermon, educational presentation directed to different age groups,

³²Ibid.

³³Ibid., 220.

³⁴Ibid., 221.

³⁵Ibid., 223.

fliers posted in the narthex advertising local resources like a Rape Crisis Line, use of denominational curricula dealing with the topic, etc.³⁶

Sexual Abuse, Then Cancer

Author Louise L. Hay, is a minister in the Church of Religious Science, a metaphysical lecturer, and teacher. She attended the Maharishis' International University in Fairfield, Iowa. In her book, *You Can Heal Your Life*, she tells her story of growing up in a violent home during the 1930's depression. Her stepfather was raised in a home with brutality and he led their home in the same way. At five years old, a neighborhood drunk raped her. She had an examination by a doctor, which still is extremely vivid in her mind. She testified in court against the rapist. His sentence was fifteen years in jail. Louise grew up in fear that the rapist would return to get her. People told Louise the rape was her fault. Louise's story continues with how her childhood was spent enduring physical and sexual abuse. At fifteen, she could not take the sexual abuse any longer and ran away from home. At sixteen, she had a baby. Then she returned home to rescue her mother from her abusive stepfather. Fifteen years later, Louise received a diagnosis of vaginal cancer.³⁷ The researcher found the story of Louise Hay very compelling, because of the implication that the sexual abuse/domestic violence she encountered as a child had negative health consequences. The very physical area of her body that was traumatically abused is the same area in, which Louise contracted cancer.

³⁶ Ibid., Fortune, 189-190.

³⁷ Louise L. Hay, *You Can Heal Your Life* (Carlsbad, CA: Hay House, Inc., 1987), 215-217.

The researcher's challenge in this focus of ministry is to get the attention of church members who have experienced traumatic events such as sexual abuse and domestic violence. The church members may still have unsettling issues that they cannot put behind them, and do not tell anyone about their feelings. The tragedy of their traumatic experiences may affect their physical, mental, emotional, and spiritual health.

The researcher is looking for the church to be able to address the violated person's spiritual, emotional, and physical self in order to build up their spirituality, believing this will help them move forward. Secondly, addressing their self-esteem issues in order to renew their confidence and help them feel worthy. Finally, improvements to their health through nutrition and exercise should not only repair what has been destroyed by prolonged traumatic stress, but also enable them to make appropriate life decisions.

Ultimately, the researcher envisions a breakthrough for this calamity in the medical field known as breast cancer, with each person reaching out helping another individual, sharing our story about our journey with breast cancer, and participating in related studies as well as clinical trials. Importantly, with the church's involvement there can be a change.

CHAPTER THREE

THEORETICAL FOUNDATION

Historical Foundation

In April 2008, the researcher participated in a research study through the Stanford Hospital Psychiatry Center located in Palo Alto, California. The purpose was “. . . to study how stress and support affect mind, brain, and body. People are fundamentally social creatures, and the social and physical environment can both cause and ameliorate stress. Our response to these forces is influenced by our genetic makeup, life experiences, and our cognitive and emotional response to them.”¹

The researcher's personal reason for participating in the study was to learn as much as she could about the devastating causes of breast cancer among African American women. The death rate for breast cancer among African American women is greater than other ethnic groups. Those African American women who survived the disease, were not just survivors; they were “. . . more than conquerors [in the battle for life] through [Christ] who loved us.”²

Currently, researchers are looking very closely at the relationship between stress and breast cancer. History tells us that African Americans have experienced many

¹Center on Stress and Health, Stanford University School of Medicine, “Mission Statement,” <http://stresshealthcenter.stanford.edu/research/projects.html> (accessed July 16, 2008).

²Rom. 8:37

generations of stress related incidents. A few of those incidents include the forced act of slavery, travel through the middle passage, medical experiments, sexual abuse, domestic violence, and crime and violence that occur within their community.

Fear of Clinical Trials Based upon Past Experimentation

Writer Harriet A. Washington, formerly a fellow in ethics at the Harvard Medical School, Harvard School of Public Health and a senior research scholar at the National Center for Bioethics at Tuskegee University. She worked for USA Today and several other publishers as a journalist and editor. She has been a knight Fellow at Stanford University, and a writer for Harvard Public Health Review and the New England Journal of Medicine.

She writes about the disparities of the medical history that African Americans endured in the United States beginning during the earlier nineteenth century. Harriet A. Washington describes in her book, *Medical Apartheid*, the effect cancer has on African American women. She states, “Cancer, the nation’s second greatest killer, is diagnosed later in blacks and carries off proportionately more African Americans than whites. African Americans suffer the nation’s highest rate of cancer and cancer deaths.”³

The researcher wanted to know more about the unequal treatment in health related concerns for African American women. In addition, realizes the importance of clinical trials and research studies including African American women. The integration of the

³Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York, NY: Harlem Moon Broadway Books, 2006), 3.

population most likely reflects on the results of the study. Washington's research looks at the Tuskegee Syphilis Experiment and the negative outcome that is still the topic of the African American community. The experiment has left a haunting fear and distrust for many African Americans.

Trauma: Violent Assault (Sexual Abuse/Domestic Violence)

The National Bar Association's website states that African Americans, especially African American women, suffer deadly violence from family members at rates decidedly higher than other ethnic groups in the United States. However, research concerning family violence among African Americans is inadequate. The researcher's discovery reveals the statistics of death rates for African American women are high in SA/DV and breast cancer, which has to change in order to save lives. This focus in ministry is to bring awareness and help from the church.

Overall, African Americans were victimized by intimate partners' at significantly higher rates than persons of any other race between 1993 and 1998. Black females experienced intimate partner violence at a rate 35% higher than that of white females, and about 22 times the rate of women of other races. Black males experienced intimate partner violence at a rate of about 62% higher than that of white males and about 22 times the rate of men of other races.⁴ African-American women experience significantly more domestic violence than white women in the age group of 20-24.⁵

⁴Callie Marie Rennison and Sarah Welchans, *Intimate Partner Violence*, U.S. Department of Justice, NCJ 178247 (2000), <http://www.ojp.usdoj.gov/bjs/pub/ascii/ipv.txt>. (accessed November 20, 2008).

⁵Ibid.

When domestic violence and sexual abuse occurs, it is a traumatic event in one's life. Fields of thought will come together in congruency to develop a paradigm of living in balance. The scripture tells us that ". . . and Jesus kept increasing in wisdom and stature, and in favor with God and man."⁶ The Bible has instances of sexual abuse and domestic violence among other traumatic events in the people's lives. They are similar to the events of trauma that happen in people's lives today.

Cancer: Still a Mystery

In the attempt to understand breast cancer, the researcher began to look at the history of breast cancer. The main prevailing questions why a cure is not there. The researcher looked to see what the American Cancer Society had to say. This is some of the history of Cancer.

The history of cancer outlined by the American Cancer Society (ACS) notes,

The origin of the word *cancer* is credited to the Greek physician Hippocrates (460 - 370 B.C.), considered to be the "Father of Medicine." Hippocrates used the terms *carcinos* and *carcinoma* to describe non-ulcer forming and ulcer-forming tumors. In Greek, these words refer to a crab, most likely applied to the disease because the finger-like spreading projections from a cancer called to mind the shape of a crab. Carcinoma is the most common type of cancer.⁷

The researcher searched through different versions of the bible for diseases referenced as cancer. She found references about cancer, such as the scripture, *And their*

⁶Lk. 2:52

⁷American Cancer Society, "History, Origin of Cancer" http://www.cancer.org/docroot/CRI/content/CRI_2_6x_the_history_of_cancer_72.asp (accessed November 24, 2008).

*message will spread like cancer. Hymenaeus and Philetus are of this sort,*⁸, which uses the word ‘cancer.’ The same scripture uses the word ‘gangrene.’ The bible depending on the translation uses terms as boils and issue of blood. According to ACS the disease, cancer goes back to ‘1600 B.C.’

The ACS continues its historical review by stating, “Our oldest description of cancer (although the term *cancer* was not used) was discovered in Egypt and dates back to approximately 1600 B.C. The Edwin Smith Papyrus, or writing, describes eight cases of tumors or ulcers of the breast that were treated by cauterization, with a tool called ‘the fire drill.’” The writing says about the disease, ‘There is no treatment.’⁹

The author, Sir Risdon Bennett writes about diseases in the bible. He was president of the Royal College of Physicians, Chairman of the Executive of the International Medical Congress in London among many other positions. The researcher discovered more information about diseases during the biblical times. Sir Risdon Bennett brings to our attention and thoughts on the natural laws saying,

But though natural laws may, in most cases, have been maintained, these and every human element were manifestly subject to the Divine will. Hence it may not always be easy to say what we are to designate as miraculous, and what we may explain by natural law. We have however, abundant evidence that in all cases the mitigation and removal of disease were in the hands of Him ‘who healeth all our diseases,’ as well as ‘forgiveth all our iniquities.’ . . . In Egypt the priests acted as physicians, and appear to have had special diseases, as well as special duties assigned to them. That the Hebrews obtained what knowledge of disease they had mainly

⁸2 Tim 2:17 (NKJV).

⁹Ibid.

from the Egyptians there can be no doubt, and this would appear to have fallen naturally to their own priesthood.”¹⁰.

This information provides more historical information regarding, how Egypt handled their diseases. The researcher learned more about Hebrew priests and their knowledge of disease. Sir Risdon Bennett known as person with strong religious beliefs, therefore his reference to God as a healer of diseases and forgiver of our sins bring us to God, the Word, and the Church. This historical timeline reveals the effort of our continuing search for studies and resources within the medical field. “See Note 1 and 2”¹¹

The Role of the Church: Is There an Elephant in the Sanctuary?¹²

There is a saying, ‘the church is a hospital for sinners [sick,] not a museum for the saints [well]’¹³. The contextual setting of the church represents people from not only different occupations and lifestyles, but also people that come for solace of their pain and

¹⁰Risdon Bennett, *By-Paths of Bible Knowledge: The Diseases of the Bible*, 2nd ed. Revised (Oxford, UK: Horace Hart and The Religious Tract Society, 1891), 10-13.

¹¹Risdon Bennett, *By-Paths of Bible Knowledge: The Diseases of the Bible*, 2nd ed. Revised. (Oxford University: Horace Hart and The Religious Tract Society, 1891), 10-13. Note1: the Egyptian diseases given by the Greek, Arabian, and Roman medical writers, that the same diseases, having the same characteristics, existed in the time of Moses, yet they are the highest, as well as the most ancient authorities, to which we can appeal on the questions we have to discuss. Note2: The medical terms which they employed as most closely corresponding with the Hebrew text must be allowed to have the utmost weight. And when we come to New Testament times, we have the advantage of reference to Greek and Arabian authorities that is of still greater assistance to us.

¹²Ibid., Rod Buxton, Title page.

¹³Abigail Van Buren, Journalist, <http://www.brainyquote.com/quotes/quotes/abigailvan381033.html> (accessed February 11, 2010).

suffering. The church is a place of worship. The church is also a place where one goes for prayer and instant relief as one places burdens on the altar during prayer.

The researcher served in the ministry of new disciples (new members) for over fifteen years. In this ministry she witnessed and ministered to people who were recently diagnosed with different types of cancer and other diseases; families who were homeless; some who were sleeping in cars; some who were seeking baptism. Some families came because they were escaping the brutality of war in the Congo region of Africa. Some came for reconciliation with God often after seeking membership and then died shortly thereafter. In addition, others found solace as they struggled with personal challenges and then turned their lives around. Many came seeking benevolence just to pay a utility bill or rent or food expenses. There was always help for tragic situations like fire or accidents.

Biblical Foundation

Old Testament and New Testament Text

In Sze-kar Wan's book *Power in Weakness*, he presents a schematic of 2 Corinthians. He refers to as the "Arrangement of letters included in 2 Corinthians."¹⁴ Wan's outline describes the order of events during Paul's correspondence to Corinth and references 1 Corinthians noting the letter "remains our earliest surviving letter by the

¹⁴Sze-kar Wan, *Power in Weakness: Conflict and Rhetoric in Paul's Second Letter to the Corinthians*, ed. Howard Clark Kee and J. Andrew Overman, *The New Testament in Context* (Harrisburg, PA: Trinity Press International, 2000), 6.

Letter-B : 2 Cor 1: 1-2:13 and 7:5-16. Letter-A: 2 Cor 2:14-7:4 (except 6:14-7:1. Letter-C: 2 Cor 8:1-9:15. Letter-D: 10:1-13:10.

apostle to the city.”¹⁵ The author brings to our attention that “Paul’s letter had meaning not just for the historical Corinthian congregation but also for contexts in subsequent generations.”¹⁶

The researcher uses 2 Corinthian as the biblical foundation for this focus in ministry. The 2 Corinthian letter sets the atmosphere for today’s congregation. The implementation of sexual immorality (1 Cor 5:9), human frailty (2 Cor 4: 7), and reconciliation/forgiveness (2 Cor 5: 11-21). The Old Testament scripture (Gen 2:7) used to support the metaphor of earthenware compared to our human frailty and the treasure of life that God gave during creation.

Scriptures:-2 Cor. 4:7-18 and Gen 2:7

In the beginning of 2 Cor. 4:7, “Paul contrasts a priceless jewel with its receptacle, an everyday earthen jar. The jewel, or treasure, is the knowledge...of God in the face of Christ’, which God has made ...shine in our hearts (verse 6). The earthen jar in which this treasure is contained, the human body, is subject to decay and vulnerable to disease and injury. Ultimately it is powerless.”¹⁷ In verse 7, Paul talks about having “*God’s all-surpassing power is from God and not us.*” God has the power to transition

¹⁵Ibid., 7.

¹⁶Ibid., 11.

¹⁷Paul Barnett, *Message of 2Corinthians: Power in Weakness*, ed. John R. W. Stott (Downers Grove, IL: Inter-Varsity Press, 1988), 87.

man out of his powerlessness situations in the face of suffering, decay, and death.¹⁸ The power that Paul is writing about is the result of the price that Jesus paid for believers to have eternal life. The gift of the Holy Spirit that indwells our bodies, assurance of salvation, and grace is a portion of the treasure that God has provided. The other part of the treasure is the knowledge of God that He breathed into Adam.

The author's presentation of treasures in earthen vessels is symbolically compared to victims of abuse. The earthen "*ostpakivols*" vessels are synonymous with human frailty and glorified treasure within the vessels. The Greek word transliterated means earth, earthen. The transliterated Hebrew word used for dust "*aphar*" " אפר " means earth, clay in Hebrew that is mentioned in Genesis 2:7 from which God formed man a living soul. Later God formed the woman explaining in the scripture that the Lord caused Adam to fall into a deep sleep and then God took a rib from Adam and made a woman. Genesis 2:22-23 KJV says, "And Adam said, *'this is bone of my bones, and flesh of my flesh...'*" The treasure inside this human earthen vessel is the soul and the knowledge of God. Paul writes, "...the Excellency of the power may be of God and not of us." 2 Corinthians 4:7b KJV God's power is greater than the human frail body which in many ways is powerless in the midst of suffering, disease, and death.

Context: Early Corinth

The city sits on an isthmus a location between two bodies of water. During the first century the first Christian church planted by Paul, stood in the midst of a wealthy

¹⁸Ibid., 87.

city. Wan discusses the main sources of income for Corinth, which came from commerce. The second source was the isthmian games, similar to our present day Olympic Games. A third source of income Wan reports is the prevalence of temple prostitution. The seaport city is also known for debauchery. Finally, another source of manufacturing brought income to the city. Wan reports manufacturing and marketing aspect was still growing, since its colonization. Roman crafts, pottery, wares, terra cotta, and bronze vessels brought income to the city.¹⁹

The researcher reflects on the descriptive analysis of the first Christian church in the City of Corinth and can easily note the close resemblance to the present day 21st Century churches. The researcher's goal is to recognize that people may have burdens of corrupt perverted sexual violent acts. The probability of them sitting in the 1st Century church and the church of today is probable.

The author Guy Nave is a Professor of Religion at Luther College writes, "There is often a tendency among people to idealize the past. Many Christians commonly romanticize the world of the New Testament . . . A reading of biblical texts, however, clearly reveals that there were no 'good old days' when life was simple."²⁰

The researcher notes that writer's reference to 2 Cor 4-15, as the power and weakness scripture. In the case of SA/DV against individuals, there is a struggle with

¹⁹Ibid., 18-20.

²⁰Guy Nave, *2 Corinthians, True to our Native Land: An African American New Testament Commentary*, gen. ed. Brian K. Blount, ed. Cain Hope Felder, Clarice J. Martin, and Emerson B. Powery (Minneapolis, MN: Fortress Press, 2007), 307.

power or control and weakness or fear. Leaving most likely the weakest partner of the struggle the ultimate loser to a life burdened with traumatic stress.

The writer Guy Nave states, “God is the one who manifests strength in the midst of weakness. Paul asserts that the reality of human weakness and limitation clearly attests to the reality of God’s extraordinary power.”²¹

The researcher compares the weakness that Nave writes about to the abused; that also, become weak. They become spiritually, mentally, and physically. The concern is the possible a link between prolonged traumatic stress and breast cancer. Breast Cancer has a high mortality rate among African American women. Nevertheless, African American women attend the Black church and most likely sit in silent pain and suffering they endure from abusive experiences. Paul even addresses the church (*ekklesia*) at Corinth on several issues that are prevalent even in our modern churches today. Paul admonished and warned the church about their abusive sexual behavior. (1 Cor 5:1-3).

Clay Jars, Earthen Ware: The treasure within

The researcher uses the image of clay jars metaphorically to describe the frailty of the human flesh. The researcher looks closely at the repercussions of sexual assault/domestic violence, which the researcher believes, can produce traumatic stress resulting in the risk for developing breast cancer and other life threatening diseases.²² Many professional people in psychiatry, medicine and other areas of research have

²¹ Ibid., 315.

²² Anne Harding, *Stress May Raise Breast Cancer Risk in Young Women* (New York, NY: Reuter's Health, August 08, 2008, Source, BMC Cancer: August 21, 2008). <http://www.reuters.com/article/email/idUSCOL86917620080828?sp=true> (accessed August, 28, 2009).

dedicated their lives toward finding cures for these deadly diseases. The questions remain, "Why has the church remained silent in these matters? Has the church been open for abused victims to find someone to trust, to seek help, and receive ministry in a safe program." The longer victims suffer from traumatic diseases the less likely they are to recover.

The effects of sexual abuse/domestic violence

The reports from research examine the effects from abuse and violent attacks on women and discover that women do suffer consequences from abuse. That is if they survive a brutal attack of violence. The report from a research confirms the burdens that the abused experience. According to Jacqueline Campbell's report on a research study at John Hopkins School of Nursing, "Symptoms among the abused women included headaches, back pain, transmitted diseases, urinary infections, appetite loss, and abdominal pain. They also reported significantly more gynecology, chronic stress, and central nervous system problems."²³

The process of healing

The researcher understands that without healing from prolonged traumatic stress the abused may face major illnesses or something worst. Theologian Cain Hope Felder writes about how Jesus has brought us peace. He continues, "Paul's 'ministry of reconciliation' (2 Cor 5:19-21) is the removal of barriers imposed by the world that

²³ Ibid., Reuters. Contac Ming Tai of John Hopkins School of Nursing.

alienate people from God. The ministry of reconciliation recruits persons from broken households and brings them into the Household of God.”²⁴

The writer, Felder refers to Ephesians 2: 11-22 stating, “the author of Ephesians represents accurately Paul’s attitude about the scope of reconciliation and its significance regarding membership in the Household of God.”²⁵ Felder subdivides the pericope.²⁶ Reconciliation is an important part of this focus in ministry, the researcher want to convey to the abused. Their barriers of fear, pain, and suffering vanished with the death, burial, and resurrection of Jesus Christ. This is the first step of healing.

The researcher symbolically uses the image of a clay jar to describe a victim of any extreme experience of a stressful event such as abuse or domestic violence. This event could produce traumatic stress, which could place women at risk for developing breast cancer and other life threatening diseases.²⁷ Many professional people in psychiatry, medicine and other areas of research have dedicated their lives for many years toward finding a cure for breast cancer.

The questions are, "Why has the church remained silent in these matters? Has the church been open for abused victims to find someone to trust, to seek help, and receive

²⁴Cain Hope Felder , *Troubling Biblical Waters: Race, Class, and Family* (Maryknoll, NY: Orbis Books, 1991), 162.

²⁵*Ibid.*, 162.

²⁶Subdivision of periscope, verses 11,12, the former condition of the Gentiles (the past; verses 13-18, the reconciling work of Christ, a Christological hymn (the present); and verses 19-22, from strangers and sojourners to fellow citizens and members (the future).

²⁷Anne Harding, "Stress May Raise Breast Cancer Risk in Young Women", *Reuter's Health*, August, 28, 2009.

ministry in a safe program." The longer victims suffer from traumatic experiences the less likely they are to recover.

Theological Foundation

The theoretical framework for this focus in ministry derives from the response of a question that goes back as far as the beginning of time. The question comes to mind when you read or hear every day news reports. The question raises our concern when reading or hearing the story of *Job*.²⁸ The question exemplifies the process of evil and suffering. The question is 'Why do bad things happen to good people?' The theological term is *theodicy*. The definition in the *Dictionary of Religion and Philosophy*, by Geddes MacGregor states:

Theodicy. From the Greek *theos* (God) and *dike* (justice). Leibniz introduced this term to designate the topic of how divine government of the world can be understood in view of the presence of evil in the world. It is the term now used in philosophical theology for this aspect of the philosophy of religion."²⁹

The Long Term Affects of Abuse

A person who is SA/DV by another individual experiences a traumatic event that may affect him or her, in a devastating way that could change his or her life forever. The following example of post traumatic stress given by Author Steven R. Tracy cites Babette Rothschild, describes a psychological condition called hyper arousal. He writes that:

²⁸ Job 1-2, NIV.

²⁹ Geddes MacGregor, *Dictionary of Religion and Philosophy* (Paragon House, 1991), 608.

Hyper arousal, as the name suggests, is a condition in which the nervous system is perpetually aroused long after the traumatic event has ended. This results in chronic hyper vigilance, anxiety, increased heart rate, sleeplessness, irritability, being easily startled and even nausea.³⁰

The writer, Tracy gives a medical name to this phenomenon, meaning that there has been a diagnosis. In the case of this focus in ministry, the researcher is addressing persons that have no diagnosis of the symptoms they have received from abuse.

A Womanist View of Sexual Abuse and Domestic Violence

Ethicist and theologian A. Elaine Brown Crawford, who serves as Womanist Scholars Program Coordinator and is on the Theology and Ethics faculty at the Interdenominational Theological Center, Atlanta, Georgia, describes in her book, *Hope in the Holler a Womanist Theology* the theology of hope. Crawford writes,

African American women have lived in the echoes of their own Holler. The Holler is the primal cry of pain, abuse, violence, separation. It is a soul –piercing shrill of the African ancestors that demand the recognition and appreciation of their humanity. The Holler is the refusal to be silenced in a world that denied their very existence as women. The Holler is the renunciation of racialized and genderized violence perpetrated against them generation after generation. The Holler is a cry to God to ‘come see about me,’ one of your children. Yet, African American women continue to endure, survive, and transform their oppressive existence. Hope is

³⁰ Steven R. Tracy, *Mending the Soul: Understanding and Healing Abuse* (Grand Rapids, MI: Zondervan, 2003), 97-98.

Note: For example, a woman walking down the street may suddenly experience a panic attack. Her heart begins to race, and she feels nauseous for no nt reason. A particular cologne’s scent, a stranger’s face, or even a color in a shop apparewindow may have subconsciously reminded her brain of the man who abused her when she was a child, causing her body to instantly respond as though she were in grave danger.

a foundational source of this audacity to survive the Holler, the inhumanities and injustices of life.³¹

The researcher's challenge for this focus in ministry is to help the ones burden with abuse to *holler* this is her focus in ministry. There are times the persistent battering and hostility will leave one fatigued. The researchers focus is to bring empowerment tools to the ones that experience abuse. The affects of long-term stress can be detrimental and cause a negative response in a person's life.

Freedom, Freedom, Freedom

The researcher uses the term 'evil and suffering' and begins to address a theoretical methodology to relieve the wound or hurt of suffering from God's viewpoint to bring wholeness. Author Howard Clinebell, Professor of Pastoral Psychology and Counseling, Emeritus, School of Theology at Claremont, California writes in his book, *Basic Types of Pastoral Care & Counseling Resources for the Ministry of Healing Growth:*

A passionate concern about the destructive impact of oppressive institutions is central in the prophetic tradition of the Jewish Bible. Jesus identified his ministry with this thrust when he read, in his hometown synagogue, from the scroll of the prophet Isaiah: 'The spirit of the Lord is upon me...he has sent me to announce good news to the poor, to proclaim release for prisoners and recovery of sight for the blind; to let the broken victims go free, to proclaim the year of the Lord' favour' (Luke 4:18-19, NEB). The interrelationship between liberation and healing is obvious in this passage. Liberation, in its biblical meaning is both personal and

³¹A. Elaine Brown Crawford, *Hope in the Holler: A Womanist Theology*, (Louisville: Westminster John Knox Press, 2002), xii.

societal. Both sin and salvation are communal and social, as well as individual.³²

The researcher confirms Clinebell's description of the ministry of Jesus Christ to the poor, oppressed, sick, and rejected within the community. The ministry of Jesus is one that sets the captives free. This describes liberation theology.

The word theology is derived from the Greek, *theologia*; *theos* means "God" and *logos* is the word for "speech" or God talk. The definition of 'theology' is the language or discourse about God. It has classically been seen as ". . . faith seeking understanding."³³ We are engaging in theology when we talk, think, and dream about God.

During the civil rights movement from 1955 - 1968, the Black church looked to God for freedom and release from oppression. Black liberation theology grew out of the pain and suffering within the African American community. James Cone wrote, "In view of the biblical emphasis on liberation, it seems not only appropriate but necessary to define the Black Christian church as the community of the oppressed, which joins Jesus Christ in his fight for the liberation of humankind."³⁴ He continues, "The task of theology then, is to explicate the meaning of God's liberating activity so that these who labor under enslaving powers will see that the forces of liberation are the very activity of God."³⁵

³²Howard Clinebell, Ph.D., *Basic Types of Pastoral Care and Counseling Resources for the Ministry of Healing & Growth* (Nashville: Abingdon Press, 1984), 54.

³³Donald K. Mckim, *Westminster Dictionary of Theological Terms* (Louisville: Westminster John Knox Press, 1996), 279-280.

³⁴James H. Cone, *A Black Theology of Liberation*, (Philadelphia: J.P. Lippincott, 1970), 4.

³⁵*Ibid.*

Black liberation theologians like James Cone, Martin Luther King Jr., and others began with Jesus. Jesus began his ministry with the oppressed by saying, “The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord’s favor.” Luke 4:18-19 NIV. From this text, God takes sides with the oppressed.³⁶

Abuse in the Church Home

However, oppression within the Black church still exists. Approximately forty years later African American women theologians are writing about the oppression of black women within the Black church and community. According to A. Elaine Brown Crawford, “Both Jacquelyn Grant and Delores Williams have written extensively regarding the oppression of African American women during slavery, emancipation, and in contemporary America. Grant discusses the abuse of black women’s bodies during slavery, after emancipation, and today. She sets this discussion in the context of black women’s understanding of Jesus and the central role that Jesus has always played in the lives of black women across the centuries. She asserts that black women have had to bear crosses of affliction that culminated in crucifixion, just like Jesus.”³⁷

³⁶Lecture 26, “*A Black Theology of Liberation*,” <http://www.wfu.edu/~matthetl/perspectives/twentyseven.html> [accessed December 09, 2008].

³⁷A. Elaine Brown Crawford, *Hope in the Holler: A Womanist Theology*, (Louisville: Westminster John Knox Press, 2002), 92.

Grant's discourse on the oppression of black women continues, "As Jesus was persecuted and made to suffer undeservedly, so were they (black women). His suffering culminated in the crucifixion. Their crucifixion included rape and babies being sold."³⁸ Black women's crucifixions have included having their families broken up when children were separated from parents, rapes, brutality, and the physical exploitation that black women have been forced to endure."³⁹

Delores Williams share how the black church treats African American women. This is important to the focus in ministry, because the church has an important role to play. The researcher concern are the women made to be indivisible, then the questions remain to how we can have ministry. Delores Williams writes,

... the African American denominational churches function like two-edged swords. They sustain black women emotionally and provide 'theological space' for black women's faith expressions. But they suppress and help to make invisible black women's thought and culture. Through their uncritical use of the Bible and through their patriarchal theology, many of the African-American denominational churches prohibit black women from asking many critical questions about women's oppression and about the support and reinforcement of that oppression by the Bible and by the Christian church in all its male dominated forms.⁴⁰

The attempt to empower the women that have scars of SA/DV, breast cancer, or other life situations is the goal for the project. The project

³⁸Jacquelyn Grant, *White Women's Christ and Black Women's Jesus: Feminist Christology and Womanist Response* (Atlanta: Scholars Press, 1989), 212.

³⁹A. Elaine Brown Crawford, *Hope in the Holler: A Womanist Theology* (Louisville: Westminster John Knox Press, 2002), 92.

⁴⁰Delores S. Williams, *Sisters in the Wilderness: The Challenge of Womanist God-Talk* (Maryknoll, NY: Orbis Books, 1993), xiii

will transform the lives of women, educated them with exceedingly possibilities,

From these oppressive experiences of black women in the black church, Williams states that "...a theological corrective is developing that has considerable potential for bringing black women's experience into theology so that black women will see the need to transform the sexist character of the churches and their theology. The corrective – emerging among black female theologians, ethicists, biblical scholars, ministers, and laywomen – is called womanist theology...a prophetic voice reminding African-American denominational churches of their mission to seek justice and voice for all their people, of which black women are the overwhelming majority in their congregations."⁴¹

The History of Womanist Theology

The term womanist theology emerged about twenty-five years ago and during that, time brought awareness of the oppression of black women like the dawn of a new day. Womanist theology brought faith to the forefront of a survival journey for black women as well as African, Mujerista, Jewish and Asian women's theology.⁴²

Alice Walker, winner of the Pulitzer Prize gave definition to "womanish." She wrote that it is the opposite of "girlish," for example, frivolous, irresponsible, and not serious. The term is from the black folk expression that mothers would say to their young female children, "You acting womanish," meaning that they were acting "like a woman."

⁴¹Ibid.

⁴²Ibid., xiv.

Walker uses the term in her book of prose, *In Search of Our Mother's Gardens: Womanist Prose*.

Biblical Story of Abuse

Crawford writes about Williams's discussion of the abuse of black women's bodies through the biblical narratives of Hagar, a slave woman of African heritage, whose body was exploited at the whim of her mistress and master. Gen. 16: 21. Crawford brings to the reader's attention that Williams likens the sexual surrogate role of Hagar to the surrogate roles black women across the centuries have been forced to fulfill. Importantly, Williams likens the lack of control Hagar had over her body, and her life of limited resources for survival . . . from slavery through the contemporary era.⁴³

The church exists because of the intention of Jesus Christ. He said, "Peter . . . and on this rock I will build my church, and the gates of Hades will not overcome it. I will give you the keys of the kingdom of heaven; whatever you bind on earth will be bound in heaven, and whatever you loose on earth will be loosed in heaven." (Mat. 16:18). Jesus gave the church a stewardship responsibility. The scripture refers to the work of the church by using the terms "binding" and "loosing." The church must preach, teach, extend, and praxis reconciliation in order to allow healing and restoration to take place. The researcher's goal is to offer "wellness" to victims that struggle, with the pain from traumatic experiences in their lives, from abuse.

⁴³Elaine Brown Crawford, *Hope in the Holler: A Womanist Theology* (Louisville: Westminster John Knox Press, 2002), 94.

Women that continuously experience traumatic events in their life may feel like they are cut with a double-edge sword that Delores Williams talks about in her book. Some women fight to become free and others remain silent. The researcher believes this type of attitude leaves black women in danger of facing yet another evil, which is breast cancer or other life threatening diseases. The double-edge sword cuts on two sides at the same time. One edge of the sword is abuse and the other edge is breast cancer.

This leaves the African-American female in a vulnerable place as she sits in the church waiting for a word from God. Liberation is what she wants. The waiting itself is stressful. The sexual abuse is stressful. The domestic violence is stressful.

Pastoral Care For The Hurting

Linda H. Hollies' states, "Pastoral care is a living art. It differs from most other types of care in that the person giving is also receiving. Pastoral care requires the ability to be vulnerable enough to allow others the opportunity to share your life experiences including your pains, hurts, and failures. Mutual care and sharing is a good way to describe pastoral care in its fullest sense."⁴⁴

The church as a whole has to use discernment and bring issues of awareness regarding traumatic stress to the congregation by addressing the issues and bringing attention to sexual abuse and domestic violence among the children, youth, and elderly. The urban churches face gang related violence within the community as well as young men and women returning from serving in military conflicts. The urban church has the

⁴⁴Linda H. Hollies, *inner healing for Broken Vessels: a Domestic Violence Survival Guide* (Cleveland: The Pilgrim Press, 2006), 7.

challenge to continue training the pastoral and ministerial staff even though many receive training in seminary and clinical pastoral education. Training is available to church leaders and others involved in ministry.

The church has to become open and honest in its effort to bring reconciliation forward. Pastors must preach and teach about stressful experiences in our lives. The church must provide provisions to construct ministries that focus on wellness for the church and community because the church is a reflection of its community. Wellness includes components for prevention, intervention, reconciliation, and restoration.

CHAPTER FOUR

METHODOLOGY

Description

The context site for this focus in ministry is the Faith Fellowship Community Church (FFCC) of North Highlands, California. Faithful Missionary Ministries (FMM) is an outreach program that addresses the needs of the homeless and victims of abuse and domestic violence. The founder of FMM is also a member of FFCC. The church has established a collaborative relationship with FMM in order to assist in the operation of the ministry so that it can become an effective resource in the community.

The researcher scheduled a meeting with the newly elected pastor of FFCC in June 2008 to introduce herself and share her theological education and Christian work experience. Their discussion led to the topic of sexual abuse/domestic violence (SA/DV). The researcher learned of members experiencing incidents of SA/DV. The pastor concurred that many church members who are victims of abuse do not ask for help. The meeting went well and concluded with instructions to fill out a leader's information packet and an assignment to lead a small group of church members to visit the seniors once a month at a local rehabilitation and long-term care facility to have a service with them. The other assignment was to consider having a program consisting of workshops, lunch, and a Sunday service with the theme of SA/DV. The third result of the meeting was granting permission for the researcher to proceed with her focus in ministry project.

The researcher experienced a turn of events immediately following the meeting with the pastor that might have had a negative impact on the project. The newly elected pastor and his spouse left FFCC in July 2008. However, the former interim pastor reinstated and it was business as usual. The interim pastor instructed the researcher to resubmit the leadership forms to the president of the Deacon Board who would review the church leadership ministries. The interim pastor discussed ways to reach out to victims that remain silent about abuse and violence they experience. The interim pastor's key recommendations were to address the church ministries that are primarily composed of women. The interim pastor continued by stating that as some victims of abuse become part of a safe environment they might talk about their pain, or even about the pain of someone else, but in fact, it could be them. It appears that the shame from other people finding out about their pain is overwhelming. During the conversation, the need to have retreats, workshops, and informational handouts to be available for the congregation was emphasized. The researcher learned during the meeting that people experiencing abuse of any kind would most likely talk to the pastor regarding the situation. Otherwise, they keep the pain inside which then becomes a stressful force in their lives.

Purpose

The purpose is to investigate the possibility that traumatic stress could put individuals at risk for breast cancer. That is, among individuals who may have a history of SA/DV, and who do not recognize the impact such stress can have on their body, data from the study might show the effects of prolonged stress may have put them at risk for breast cancer.

The researcher will propose to seek information from individuals that have a health challenge of a diagnosis of breast cancer. In order to obtain this information the researcher will look at their history of health experiences. The plan would be to develop a method to obtain the following information:

1. Seek individuals with a history of breast cancer.
2. Ask them if they have a history of stress due to SA/DV.
3. A response of yes may indicate that stress put them at risk for breast cancer.
4. The researcher would utilize the case study methodology. The decision was based on recommendations from the UTS staff research professor and the criteria for case study defined by author Robert K. Yin. He writes, "In brief, the case study method allows investigators to retain the holistic and meaningful characteristics of real-life events-such as individual life cycles"¹ that coincides with the parameters of this study.

The second step for the researcher was to attend the newly reorganized women's group meeting at FFCC in September 2008. The researcher requested to be on the agenda to discuss breast cancer and distribute a survey/questionnaire (see Appendix) to the attendees in order to discover any information or opinions they might have regarding breast cancer. The researcher wanted to begin to seek candidates for formulating a Context Associate group.

The third step the researcher took was to make it known to the leadership at FFCC that October 2008 would be national awareness month for domestic violence and breast cancer. A form submitted to the church office requested permission to distribute handouts

¹Robert K. Yin. Case Study Research: Design and Methods Fourth Edition Applied Social Research Methods Series Volume 5, (SAGE, Los Angeles, 2009). 4.

each Sunday following worship service in the narthex of the church. The researcher added the names of the interim pastor, the leader of the health ministry, and the leader of the women's ministry to the request form. A group of the Context Associates, who had experienced breast cancer or another type of cancer, and the leader of FMM would distribute literature on breast cancer, domestic violence, and nutrition; answer questions; and take names of people that wanted to have further discussions regarding any questions

The questionnaire used in this focus of ministry came from a study that explored stresses students may have encountered while enrolled in a Master of Social Work graduate program.² The original questionnaire is from the Social Readjustment Rating Scale (SRRS) by T. H. Holmes and R. H. Rahe (1967) and is a self-reporting instrument.³ The researcher also used the Life Events Questionnaire for Measuring Presumptive Stress.⁴ A significant change in the original questionnaire instrument took place for the current focus in ministry. The questions for this project focused on stresses related to SA/DV derived from author Glenn R. Schiraldi's list of "Potentially Traumatic Events and Stressors."⁵

The questionnaire included a demographic section, requesting information such as: age, gender, marital status, ethnicity, church or faith-based institution membership,

²Christine Fitzpatrick Sullivan, Sandra M. Quinn-Pate, Hilda Vaga. *The Implications of Stress on the MSW Students*, (Sacramento University College, CA. 1986), 100.

³T. H. Holmes, R. H. Rahe. Social Readjustment Rating Scale and self-reporting instrument, (*Journal of Psychosomatic Research*, 1967 vol.11), 213-218.

⁴M. Horowitz, C. Schaefer, D. Hiroto, N. Wilner, B. Levine, Life Event Questionnaires for Measuring Presumptive Stress: (*Psychosomatic Medicine* 39(6), 1977), 413 - 431.

⁵Glenn R. Schiraldi, Ph.D., *The Post Traumatic Stress Disorder sourcebook*, (McGraw Hill, NY, 20009), 5.

and whether or not they attend. The questionnaire has a section referred to as Stress Release Method. This section design is for the participants to select any methods they used in the past to relieve stress. In addition, they identified the level of importance of each method to their life style. The list included such methods as alcohol, exercise, sleep, drugs, sex, etc.

In the next section of the questionnaire a predetermined scale of zero to 100 was used to rate, potentially traumatic events and stressors related to SA/DV. The occurrences considered to have the most elevated levels of stress were assigned a higher number than the ones considered to produce lower levels of stress. Participants had instructions to assign a numerical value to each sexual/violent event experienced prior to their breast cancer diagnosis according to the self-perceived level of stress experienced and the adaptation required by that event.⁶ The “number 100 indicates the event with the highest level of stress and the number one signifies the lowest level of stress.”⁷

In the section “Role of Church/Faith Based Institutions,” participants identified some of the methods they used to alleviate or find solace from stress. This is an example question: During the time you experienced any of the stressful events in your life did you (a) pray or relate to a higher power, (b) seek pastoral or faith organization counseling, (c) confide in a church or faith institution leader, or (d) talk with a friend from church or a faith institution?⁸

⁶Ibid., 50.

⁷Ibid., 51.

⁸Ibid., 51.

The researcher elected to modify the health-related items from the model questionnaire to reflect breast cancer information. The participants answered questions like: “How soon after experiencing any of the events listed in the Potential Stressful Events were you diagnosed with breast cancer”? A list of periods that Participant could select included 1 – 10 years, 11 – 20 years, 21 – 30 years, or other.

Starting in November 2008, the meetings with the Context Associates and Professional Associates took place. There were two planning sessions followed by several one-on-one planning sessions with members of the Context Associates and Professional Associates. Based on the suggestions from the sessions, the researcher established a project time line. The results included the following events:

- 1) There would be a one-day event lasting at least six hours. The venue would include a time for each participant to fill out a questionnaire packet, consisting of surveys, demographic surveys, questionnaires, and evaluation forms. There would be an interactive educational curriculum presentation with four components recommended by the researcher.
- 2) The suggested place to have the event would be at a hotel. This would accommodate having a private room and a meal for the participants; in this case, it would be breakfast. The researcher agreed this would be an expression of thanks to the participants and presenters.
- 3) The event would take place at a Sacramento hotel on August 15, 2009, beginning at 7:30 AM to 1:00 PM. There would not be a charge for rental fees. The hotel would set up four round tables for eight and provide centerpieces, including a registration table with two chairs. The hotel staff would also set up audio and visual aides and serve the meal. The menu selection included fresh seasonal fruit, fresh-baked breads, scrambled eggs, choice of ham steak, sausage, or bacon; roasted breakfast potatoes, and freshly squeezed orange juice, fresh brewed coffee, decaf, or tea and water. Parking would be available free of charge and a private entrance was available. The name chosen for the event is “Vessels of Strength Retreat.” The planned agenda included: registration (20 minutes), devotion (10 minutes), welcome/instructions regarding the questionnaire packet

contents, breakfast/begin to fill out questionnaire (60 minutes), educational curriculum with each presentation lasting 45 minutes, followed by filling out an evaluation (15 minutes), and conclude with the benediction (prayer).

- 4) The educational curriculum would include four topics, potentially addressing several related components: (a) First Reconciliation: Then Forgiveness, (b) Body and Soul: Healthy Eating, (c) Exercise To Stay Healthy, and (d) Understanding and Telling your Story.
- 5) The facilitators for the retreat were to be as follows: the interim pastor would present the session on reconciliation; the certified nutritional instructors/representatives of the ACS Body and Soul project at FFCC would lead the session on nutrition; a certified personal trainer, who also led the praise and worship dancers at FFCC, would present the session on exercise; an ordained minister with extensive experience in journaling/written expression would lead the session on self expression; the worship leader from FFCC would lead the opening devotionals; and one of the Professional Associates who has a research background would handle registration/code assignment.
- 6) The research study participants would include persons that experienced a journey with breast cancer. Introduction letters would be hand delivered to potential recipients. Ten potential participants would be the target. The packet the participants will receive would include the following: the Consent To Participate in A Research Study form (after signing the consent a copy would be returned to the participant), a Permission to Use Photo form (not related to the research study), the study questionnaire (with the title page to include space for an identification code for each participant), and a table of contents for the following sections: Demographics, Stress Relief Method, Stress listing, Role of Church/Faith Based Institutions, and breast cancer information. Also included in the packet would be the Vessel of Strength Retreat agenda and evaluation forms for each of the educational components.

During 2008 and 2009, the researcher planned to engage in several educational programs to focus on SA/DV, breast cancer, and nutrition. These activities included the following:

- 1) Completed Breast Cancer Support Group Leader training and certification with The Network of Strength organization, formerly known as Y-Me.
- 2) Represented FFCC by attending monthly meetings of the City of Citrus Heights Collaboration, a forum of organizations that inform and share information about volunteer services within the community. An example of organizations that are a part of the collaboration would be the Domestic Violence Intervention Center (DVIC), FFCC, and the 'Just for Me' Breast Cancer Support Group at FFCC.
- 3) Participated in the Body and Soul nutritional program sponsored by the American Cancer Society (ACS) and incorporated as a FFCC ministry to promote healthy nutritional eating habits. The researcher also would be a member of the planning committee for the Body and Soul program.
- 4) Participated in the National Breast Cancer Coalition Fund (NBCCF) Annual Advocacy Training Conference in Washington, DC and the Lobby Day event that included lobbying on Capital Hill to senators and representatives. The NBCCF introduced their "Framework for a Health Care System Guaranteeing Access to Quality Health Care for all." Note: NBCCF has a strong research program that not only provides researchers for community projects but also assists in funding the projects.
- 5) Attended the Sacramento Health Education Initiative Domestic Violence Faith Organizations Symposium in Sacramento.
- 6) Attended the Sacramento County Workshop and Training on Sexual Abuse and Domestic Violence that addressed leadership training on how to counsel, recognize, and respond to the abuse of children, teens, adults, and the elderly. The training targeted Sacramento county employees.
- 7) Participated in the Preventing High-risk Diseases (PHD) project and workshops presented at FFCC. The program focused on recognizing signs of heart disease, healthy eating, and the impact of stress, depression, heart disease and stages of living. An emphasis on monitoring weight and blood pressure took place at each session.

Research Methodology

The researcher as relevant for this focus in ministry selected a research model commonly and widely used as a conceptual framework in understanding health behavior. "The Health Belief Model (HBM) is a framework for motivating people to take positive

health actions that uses the desire to avoid a negative health consequence as the prime motivation.”³ In that one aim of this focus in ministry was to develop an educational curriculum that would help improve the health outcomes of individuals who were dealing with stressful life circumstances such as SA/DV, this model was a good fit for the project. In fact, the HBM has been shown to “be an effective framework to use when developing health education strategies”.⁴

The researcher as relevant for this focus in ministry selected the research model commonly and widely used as a conceptual framework in understanding health behavior. The model was developed in the early 1950’s by three social psychologists working in the United States Public Health Services to address the needs of a failure for a community of people to respond to a free tuberculosis health-screening program.⁹ One of six concepts that form the basis of the HBM is perceived benefits (that is, “belief in the efficacy of an advised action to reduce risk or seriousness of impact”⁵), which will be addressed by the current project.

For example, at the retreat participants will have to indicate whether particular behaviors encouraged during the educational sessions would be helpful for someone dealing with a stressful event and to explain their response.

Research Design

The design for this focus in ministry is a case study analysis of traumatic stress in relation to breast cancer. The researcher will offer a recommendation to the church to

⁹Health Belief Model: How the Health Belief Model was Developed. <http://www.etr.org/recap/theories/hbm/HowDeveloped.htm> [accessed January 5, 2009].

provide persons suffering from traumatic stress caused by SA/DV an educational curriculum for healing and empowerment.

Instrumentation

The questionnaire used in this focus of ministry came from a study that explored stresses students may have encountered while enrolled in a Master of Social Work graduate program.¹⁰ The original questionnaire is from the Social Readjustment Rating Scale (SRRS) by T. H. Holmes and R. H. Rahe (1967) and is a self-reporting instrument.¹¹

The researcher also used the Life Events Questionnaire for Measuring Presumptive Stress.¹² A significant change in the original questionnaire instrument took place for the current focus in ministry. The questions for this project focused on stresses related to SA/DV derived from author Glenn R. Schiraldi's list of "Potentially Traumatic Events and Stressors."¹³

¹⁰Christine Fitzpatrick Sullivan, Sandra M. Quinn-Pate, Hilda Vaga. *The Implications of Stress on the MSW Students*, (Sacramento University College, CA. 1986), 100.

¹¹T. H. Holmes, R. H. Rahe. Social Readjustment Rating Scale and self-reporting instrument, (*Journal of Psychosomatic Research*, 1967 vol.11), 213-218.

¹²M. Horowitz, C. Schaefer, D. Hiroto, N. Wilner, B. Levine, *Life Event Questionnaires for Measuring Presumptive Stress*; (*Psychosomatic Medicine* 39(6), 1977), 413 - 431.

¹³Glenn R. Schiraldi, Ph.D., *The Post Traumatic Stress Disorder sourcebook*, (McGraw Hill, NY, 20009), 5.

The questionnaire included a demographic section, requesting information such as: age, gender, marital status, ethnicity, church or faith-based institution membership, and whether or not they attend. The questionnaire has a section referred to as Stress Release Method. This section design is for the participants to select any methods they used in the past to relieve stress. In addition, they identified the level of importance of each method to their life style. The list included such methods as alcohol, exercise, sleep, drugs, sex, etc.

In the next section of the questionnaire a predetermined scale of zero to 100 was used to rate, potentially traumatic events and stressors related to SA/DV. The occurrences considered to have the most elevated levels of stress were assigned a higher number than the ones considered to produce lower levels of stress. Participants had instructions to assign a numerical value to each sexual/violent event experienced, prior to their breast cancer diagnosis according to the self-perceived level of stress experienced and the adaptation required by that event.¹⁴ The “number 100 indicates the event with the highest level of stress and the number *one* signifies the lowest level of stress.”¹⁵

In the section *Role of Church/Faith Based Institutions*, participants identified some of the methods they used to alleviate or find solace from stress. This is an example question: *During the time you experienced any of the stressful events in your life did you (a) pray or relate to a higher power, (b) seek pastoral or faith organization counseling,*

¹⁴Ibid., 50.

¹⁵Ibid., 51.

(c) *confide in a church or faith institution leader*, or (d) *talk with a friend from church or a faith institution?*¹⁶

The researcher elected to modify the health-related items from the model questionnaire to reflect breast cancer information. The participants answered questions like: *How soon after experiencing any of the events listed in the Potential Stressful Events were you diagnosed with breast cancer?* A list of time periods that Participant could select included, *1 – 10 years, 11 – 20 years, 21 – 30 years, or other.*

Educational Curriculum

The researcher will introduce an education curriculum as a recommendation for the role of the church in reaching out to persons that attend church and privately carry a burden of fear, abuse, violence, or other issues that they do not share with others.

The idea of the educational curriculum developed during the process of a healing journey the researcher experienced. The researcher realized the importance of an educational curriculum while writing her spiritual autobiography. Recounting the many times in her life that God manifested His presence and guided her confirmed the importance of keeping one's body, the vessel that God has given, healthy. Author Lisa M. Hess describes this process in her book by writing "Even the shadow-side(s) of human

¹⁶Ibid., 51.

being becomes an unexpected strength, a source of creative energy, a place of tangible grace.”¹⁷

Reconciliation, another part of healing experienced by the researcher, is a process for freeing oneself to be available for healing. It involves releasing the burdens that we may have deep into our sub-consciousness, and that we do not recognize where they came from. These can affect our physical and mental state of mind. In addition, to how we accept the burdens as a part of our life even though they may be detrimental to our health.

Prevention became extremely important to the researcher during the healing process. In particular, preventative measures such as eating foods that were nutritionally important for nurturing and supporting various aspects of the architecture of the human body, such as red and white blood cells, weight, and blood pressure. For instance, the researcher began to analyze the value of organic versus non-organic foods.

Intervention became a testimony of how important exercise is to the human body. Exercises literally strengthen the body by stretching muscles, helping the heart to pump blood cells to the organs, and increasing stamina.

Restoration provides a forum to understand the importance of healing the mind. Emotions could have a positive or negative effect on the body. The researcher determined that self-expressing ideas and thoughts through writing stories, spiritual autobiography,

¹⁷Lisa M. Hess, *Artisanal Theology: Intentional Formation in Radically Covenantal Companionship*, (Cascade Books, Eugene OR., 2009), 48.

journaling, poetry, and drawing could possibly change the dynamics of how one could perceive an emotion.

The creation of an educational curriculum is a process. The experiences from the process evolve in a cycle. The process of reconciliation came first because of its significance. The prevention component functions as a shield preventing negative situations. The intervention component intervenes in any situation and begins the healing process of eliminating toxins from the body. Restoration is the component that restores faith, trust, hope, and love of self. This process is expression of individual viewpoints of life situations. These components, reconciliation, prevention, intervention, and restoration, represent four aspects of the healing cycle.

In Support of Four Aspects of Healing

Reconciliation

The reconciliation stage focuses on mending relationships. "Reconciliation comes from the Greek family of words that has its roots in *allasso* [*ajllavssw*]. The meaning common to this word group is "change" or "exchange." Reconciliation involves a change in the relationship between God and man or man and man. Because of change or reconciliation, we become new creatures." "Therefore, if anyone is in Christ, he is a new creation; the old has gone, the new has come!"¹⁸ (2 Cor 5:17); "And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit,

¹⁸Walter A. Elwell, "*Bakers Evangelical Dictionary of Biblical Theology*" <http://bible.crosswalk.com/Dictionaries/BakersEvangelicalDictionary/bed.cgi> [accessed December 12, 2008].

whom he has given us." (Rom 5:5). This is the time that forgiveness takes place. We can go to God forgiving others.

Steven R. Tracy reminds us in his model of forgiveness, "In order to build a coherent model of forgiveness, it is important to draw principles from a broad range of Bible passages... Judicial Forgiveness involves the remission or pardoning of sin by God. Then there is the Psychological Forgiveness, which is the inner, personal category of forgiveness. Finally, there is Relational Forgiveness...the restoration of relationship. It is synonymous with reconciliation."¹⁹

As stated by Fred Luskin, "a grievance emerges when two things coincide. The first is that something happens in our lives that we did not want to happen. Then second, we deal with the problem by thinking about it too much"²⁰ The test that Luskin recommends consists of four questions. He explains that by answering "yes" to any of the four questions you have a grievance. These are the questions:

1. Do you think about this painful situation more than you think about the things in your life that are good?
2. When you think about this painful situation, do you become either physically uncomfortable or emotionally upset?
3. When you think about this situation, do you do so with the same old repetitive thoughts?
4. Do you find yourself telling the story about what happened over and over in your mind?²¹

¹⁹Steven R. Tracy. *Mending the Soul: Understanding and healing abuse* (Grand Rapids: Zondervan, 2005), 184-187.

²⁰Fred Luskin, Ph.D., *Forgive for Good: A Proven Prescription for Health and Happiness*. (HarperOne: NY, 2002), 3-4.

²¹Ibid., 10.

The researcher agrees with Luskin's views on how anger affects health. Luskin states,

We know we are focusing too much on the personal when we feel angry long after the specific hurt has occurred. When we take a hurt too personally, our body releases stress chemicals to respond to the perceived danger. These chemicals prompt the fight-or-flight response and lead us to feel discomfort in both body and mind.²²

Prevention

The prevention stage focuses on preventing before disappointment comes. The Hebrew word *kaw-dam* ' is the primary root word meaning to project oneself or proceed; to anticipate.²³ The health and medical field would encourage you to live a lifestyle that would prevent occurrence of an illness or disease. This means eat nutritious food, exercise regularly, and do not smoke cigarettes. And keep routine doctor appointments in order to stay physically and mentally healthy.

The researcher cites Glenn R. Schiraldi regarding the value of a good nutritious diet. He writes, "Sensible eating habits are essential in managing stress. Simply stated, good nutrition raises resistance to stress and anxiety, while poor nutrition is a stressor."²⁴ Schiraldi continues by writing some important fact for eating:

1. Get most of your calories from complex carbohydrates, which come from plant foods.

²²Ibid., 19-20.

²³James Strong, LL.D., S.T.D. *The New Strong's: Exhaustive Concordance of the Bible* (Nashville: Thomas Nelson Publishers, 1990), 102.

²⁴Glenn Schiraldi Ph.D., 81-82

2. Reduce meats, which contain saturated fats and cholesterol, to about 6 ounces daily.
3. Reduce fats, sugar, salt, caffeine, processed foods, and alcohol.
4. Take adequate calcium.
5. Keep blood sugar steady throughout the day.
6. Shift food so that some of the calories that would normally be eaten at a big dinner are eaten at breakfast, lunch, or as snacks.
7. Choose foods often that are less than 30 percent fat.
8. Stay well hydrated.²⁵

Nutrition is important to the body that is undergoing stress. Therefore, Schiraldi includes in his book “Plan to take care of my body” a sample menu that enables the user to plan a weekly menu. The “Dietary Guidelines” is a helpful tool for planning one’s weekly menu.²⁶

Intervention

The researcher uses the term intervention for the stage of healing that focuses on the physical body; that is, allowing individuals to take control over their habits by changing to include exercise. Schiraldi writes about the importance of exercise. He states that “exercise directly reduces arousal [stress and anxiety] by expending the energy of stress. It also strengthens the body and builds resistance to stress-resistant.”²⁷

He continues by writing:

²⁵Ibid., 81-83.

²⁶Ibid., 86-87.

²⁷Ibid., 98-99.

Virtually everyone who engages in a regular, moderate exercise program knows how remarkably effective it is in reducing stress. Exercise has been shown to measurably reduce muscle tension and other stress symptoms without the side effects of medication, improve self-esteem and mental health generally, reduce blood pressure, increase energy levels and stamina, reduce resting heart and breathing rates, strengthen the heart, improve the quality of sleep, promote weight loss, strengthen the immune system, and reduce...symptoms.²⁸

Restoration

The restoration stage focuses on putting or bringing back into a form of normal. A paradigm for transitions in life is “Relinquishment, Trust, Transformation,”²⁹ This is when wholeness manifests within the individual. The researcher uses the works of Richard L. Morgan, who states,

Every transition begins with an ending. We have to let go of the old before we can realize the new. Letting go is hard; often we second-guess ourselves and wonder if we’ve made the right decision. When we have relinquished the past, then we are thrown into an unknown time where we have to live by trust.³⁰

He continues, “In the midst of transitions we can discern God’s presence. The strange reality is that God is at work in meaningful yet mysterious ways.”³¹ As the example of the importance of telling our story, Morgan tells us “Luke’s story of the boy Jesus in the Temple at the age of twelve (Luke 2:41-52) is the only Gospel story we have of Jesus’ boyhood, and at that young age he amazes the learned rabbis with his wisdom

²⁸Ibid., 78.

²⁹Richard L. Morgan, *Remembering Your story: Creating your own Spiritual Autobiography* (Upper Room Books, Nashville, 2002), 98.

³⁰Ibid., 98.

³¹Ibid., 102.

and understanding.”³² We are reminded that “painful memories can be healed through stories. Some people resist remembering their stories, because memories of painful events in the past seem best left there...Experience proves that those memories will resurface, because they always remain a part of who we are.”³³ A writing exercise that Morgan uses is a modified version of the Gestalt method. He instructs:

Write your name in the center of the circle. Think of significant persons (living or dead) who have touched your life. Write their names around the outer edge of the circle. Now imagine yourself sitting in the center of a circle of light. Imagine these significant persons standing at different points on the circumference of that circle. You look at each of them, and your heart fills with gratitude. You want to thank them for their presence in your life and the way they brought God’s grace into your life. In a moment of quiet, thank each person.³⁴

A curriculum based on the concepts of reconciliation, prevention, intervention, and restoration will be on the agenda for the Vessels of Strength Retreat. The 45-minute sessions will each be interactive or have allotted time for questions and answers. The recommendation for the educational retreat is that trained pastors, ministers, or leaders make presentations.

Vessels of Strength Retreat: Outline

1. First Reconciliation: Then Forgiveness

³²Ibid., 54.

³³Ibid., 20.

³⁴Ibid., 111.

- a. Biblical definition of reconciliation.
- b. Explanation of the importance of reconciling with God first.
- c. Biblical definition of forgiveness.
- d. Biblical scriptures discussed that provide examples of reconciliation and forgiveness.
- e. Examples of biblical female characters that were abused or violated and how God guided them through certain situations.
- f. Examples of life situations given where one could use reconciliation or forgiveness.

2. Body and Soul: Healthy Eating

- a. Biblical scriptures given explaining how God wants us to eat.
- b. Biblical scriptures and examples given on the importance of nutrition.
- c. Interactive discussion on the value of the food groups.
- d. Discussion on how healthy eating affects the body, mind, and spirit.
- e. Distribution and instruction of tools for monitoring: weight, age, and food.
- f. Distribution of cookbooks, talk about preparing healthy foods and charts on nutrition.

3. Exercise to Stay Healthy

- a. Discussion on the importance exercise has on the body.
- b. Demonstration of exercises that can be done in the home.
- c. Discussion on the importance of the heart rate on exercise.
- d. Demonstration of exercises that could be done after surgery.
- e. Demonstration on how to exercise by supporting self on wall, chairs.

- f. Group interaction and instructions about positions for the different exercises; questions and answers given during the session with emphasis on the importance exercise has on the mind, body, and spirit.
4. Understanding and Telling Your Story
- a. What's your story? – telling of your story, lives can be changed, including your own.
 - b. Foundation principles of spiritual autobiography – foundation scripture.
 - c. Telling your story: personal memoir, family history, photos, journal
 - d. Spiritual lifeline – show positive/negative life events from birth
 - e. More story topics: name three people, three things, and three activities, or three attributes that is dear, special, enjoyable, and cherished.
 - f. Facing life's transitions – relinquishment – trust – transformation.

Discerning God's presence.

Summary

The educational curriculum introduces a way for individuals to empower themselves spiritually by first reconciling them with God then addressing forgiveness for facing the stressor in their lives. In addition, the curriculum would focus on ways to strengthen their physical and mental health that can be impacted by stress and break down the immune system, possibly putting them at risk not only for breast cancer, but also hinder their making rational life decisions. The educational component would include a reflection exercise as well as journaling and instructions for writing their spiritual autobiography to help bring about emotional stability. And a regular regime of

exercise would aid in preparing the body and the mind by providing healthy results in order to facilitate functioning without undue stress.

Evaluation Format for Educational Curriculum

After each session of the educational curriculum, participants will be asked to comment about various aspects of the presentation. The evaluation form for each presentation will consist of five questions. Four of the questions will be the same and one question will be specific to the information presented during a given session. The first question will ask participants to indicate if the presented material was “entirely new”, “somewhat new”, “somewhat old”, or “entirely old”, and is an example of a question that will be the same on all evaluation forms. Another question will ask participants to briefly explain the lesson or main point of the material presented during the session. An example of a question specific to a given presentation would be “Are you currently angry with someone?” which will be asked after the session entitled “First Reconciliation: Then Forgiveness”.

CHAPTER FIVE

FIELD EXPERIENCE

The field experience proved to be challenging for the researcher, because of the nature of the project. Many people view the inquiry of SA/DV, breast cancer, and one's personal relationship with God as a private contemplative experience. The analogy that Rod Buxton writes describes how a person suffering from abuse might feel in a church setting,

The abused soon discover that the church is not a safe place to talk about their problems of domestic violence. Physical and emotional violence in the family are a taboo subject, as are incest, and other sexual offences. Abused people find their way to the door of the sanctuary looking for a safe place, but how safe is the church for them?¹

Rod Buxton is on the faculty at Providence Theological Seminary. His background is counseling and teaching in the fields of domestic violence, addictions, micro skills training, and couple communication. Buxton's study takes place in Canada in 1999. He explores the lives of abused men and women and the role of the church in helping them. The author also looks at the role of church leaders and the congregation has in helping to understand the role they play in responding to this problem.

¹Rod Buxton, Domestic Violence in the Church: "There is an Elephant in The Sanctuary and No-One is Talking About It." The Results of A Manitoba Survey" The Journal of Providence Theological Seminary, Vol. 12 No. 1, (Fall 2000), p. 54.

Buxton addresses the "Winnipeg Family Court Statistics, 1992-1997." The question Buxton presents from an earlier study, "Is there a place of the Church to be involved in this every-increasingly litany of abuses human beings continue to perpetuate against one another?" that he addressed in an earlier study.² Buxton became encouraged by Isaac Block's study that revealed there was evidence of enough data to study, based on the Mennonite Church community in Winnipeg on abuse.³ Buxton's case study took place in the Grant Memorial Baptist Church in Winnipeg, Manitoba, addressed two questions in his study, "the first addressed the issue of awareness of domestic abuse and the second readiness of the church to face the problem."⁴

The conclusion Buxton gives in summary is that the Pastoral staff would support someone else to teach classes and investigate the high number of abuse and violence in the church. They were too busy to take this on their own, even though two studies discovered high numbers of abuse and violence within the church. The author comments on the results of the survey by indicating the following,

The pastoral leaders do not want to 'open a can of worms,' and the victims who are most likely to talk will not get the support of the non-abused members in the church. If the class is an indication of what will result if women begin to talk about the problem, then it is

²Rod G. Buxton, "Developing and Evaluating A Program For The Church To respond To Domestic Abuse," D. Min. diss., Providence Theological Seminary, Otterburne Manitoba, 2000. 53.

³Rod Buxton, Domestic Violence in the Church: "There is an Elephant in the Sanctuary and No One is Talking About It." The Results of A Manitoba Survey" The Journal of Providence Theological Seminary, vol. 12 No. 1, (fall 2000),p55.

⁴Ibid., 55.

clear that an abused spouse would be at risk of further abuse from other members of the church.⁵

The decision to select individuals who had received the diagnosis of breast cancer as participants for the study made the task a little easier. The explorative survey conducted during the Grace Life Women's Ministry meeting in September 2008 showed that some people had an interest in meeting and discussing breast cancer or other types of cancer. The results surprised the researcher, because only one of the ten people who completed the survey had received a diagnosis of breast cancer and one had a diagnosis of a different type of cancer. The other individuals had family members or a close acquaintance that had experienced a cancer diagnosis and treatment.

A concern about developing a strategy to reach out to individuals who had received a diagnosis of breast cancer, and who might be reluctant to openly volunteer for the project, was on the agenda for one of the context associates planning sessions. The decision was that the researcher personally would distribute introduction letters to potential participants during the morning Bible Study class. The pastor would make an announcement for interested parties to see the researcher after the class. Prior to the retreat, calls were made to the interested individuals to confirm their attendance, select menu preference, and interview them for a history of their breast cancer diagnosis.

The personal interaction resulted with ten individuals agreeing to attend the retreat. Subsequently, six individuals attended, three called saying they could not attend,

⁵Ibid., 75.

and one person did not show up or call. The participants were a demographic reflection of the FFCC context site. The participants varied in gender, age, and ethnicity, which will show during the analysis of the data. The total number of attendees at the retreat came to fifteen, including the participants, presenters, and other support personnel.

The Vessels of Strength one-day retreat took place on Saturday, August 15, 2009, at the Red Lion Hotel conference room in Sacramento, California. Having the retreat at the hotel saved time in preparation and funding. The expenses were for only the microphone, meal, and beverages for each person. The hotel prepared and served the meal and provided water, coffee, tea, and juice. There was not a charge for the conference room including round, banquet tables with chairs, tablecloths, and fresh floral centerpieces; a registration table with several chairs set up outside the conference room; and free parking near the entrance to the conference room. The researcher provided a variety of Christian music that served as background music.

Prior to entering the conference, each person signed in at the registration table. The participants for the study had a code number assigned to them that also was on all the documentation in their assigned informational packet. The code number replaced their name, keeping Participant-VI anonymous for the study. They had instructions to read the consent form and sign it, if they wanted to proceed with the study. All of them consented to participate in the study. The registrar and researcher collected the signed consent forms.

The retreat was scheduled to commence at 7:30 A.M., but actually began thirty minutes later. It was critical that everyone was there at the start so no one would miss any

of the preliminary information. Beverages were available to all who waited. The devotional began at 8:00 A.M., which included song and prayer led by the designated devotion leader.

The researcher welcomed everyone to the retreat, shared a scripture, and gave instructions to the study participants regarding each item in their assigned packet. The waiters then served breakfast to everyone. The first component of the educational program began following breakfast. The introduction of the speaker by the researcher started the Educational Curriculum.

First Reconciliation then Forgiveness Presentation

A didactic 45-minute presentation on the first component of the educational curriculum, First Reconciliation then Forgiveness was a dynamic opening. The foundation was set for understanding the biblical principle for how God intended us to follow the principles of reconciliation and forgiveness - a way that we can release ourselves from burdens we are not to carry alone. Examples were given of how the body responds to stressful situations that one cannot turn loose and the impact that it has on the body. After the presentation, the researcher reminded the participants to fill out the evaluation form pertaining to the presentation.

Body and Soul: Healthy Eating Presentation

This was an interactive presentation with audience participation, including a questions/answers section and games from the Body and Soul: Healthy Eating national program. This component was great following the first session. The presentation was a

change in venue allowing the participants a relaxing way to receive information on nutrition and the benefits of a nutritious diet on the body. The presenters gave biblical scriptures for the way to healthy eating and how to look at food portions and groups. Instructions were given on the importance of always discussing diet changes with a physician. Handouts on diet, weight, and preparation of meals were available to the participants. The researcher again reminded the participants to fill out the evaluation form pertaining to this presentation, allowing 15 minutes for the next component.

Exercise to Stay Healthy Presentation

Informative component presented by a certified physical trainer who explained the importance of the effect exercise has in relieving stress. A series of instructions on how to exercise at home, using the wall, floor, and a chair as support, was extremely informative. The instructor demonstrated all of the exercises and to the researcher's surprise the majority of the participants enacted the exercises by getting on the floor, leaning on walls, and supporting themselves with chairs. Again, the physical trainer informed the participants of the importance of talking with their physician before beginning an exercise program. The researcher prompted the instructor to demonstrate exercises for individuals who have had surgery. The researcher wanted that type of information provided for participants that might have had surgery related to their breast cancer diagnosis. The researcher reminded the participants about the 15 minutes to fill out the evaluation before the next educational component started.

Understanding and Telling Your Story Presentation

This component of the educational curriculum included a power point presentation and notes pages that were given to each participant. The instructor provided biblical scriptures and examples to describe the techniques for writing a spiritual autobiography. The instructions included the importance of writing about the positive as well as the negative events in our lives. The instruction included examples of how writing helps one face and release negative or traumatic events, places, or individuals that may have left Participant-VI with years of dealing with stress from the situation. The instructor gave examples of how and what to write in a journal. There was a discussion regarding the importance of writing as a tool for self-expression and reflection.

The researcher reminded the participants to fill out the evaluation for the final component of the educational curriculum. The registrar and researcher collected the questionnaire packets and quickly looked them over to be sure the participants properly filled them out. In some instances, the participants had to review the packets for corrections.

Vessels of Strength Retreat Closing Process

There was quite a bit of interaction among the participants and instructors after completing the last session. Instructors were passing out additional literature requested by the participants. People were chatting with each other. The researcher thanked everyone for their participation and gave closing remarks, and then in preparation for the benediction everyone formed a circle and joined hands. The devotion leader led the group

with a closing song. The researcher gave an invitation to discipleship and brought closure to the retreat with a prayer.

Data Analysis – Case Study Methodology

Purpose

The purpose of the study was to explore affective, abusive, physical, violent, and emotional factors that relate to breast cancer. Participants were five adult females and one adult male who consented to answer questions regarding their breast cancer diagnosis, past history of sexual and/or domestic violence, usual methods for relieving stress, and ways the church and other faith-based organizations had helped them deal with stressful life events. The researcher wanted to discover any reports of the participants having a history of experiencing SA/DV, who survived the journey with breast cancer. The participants also evaluated a pilot educational curriculum that possibly becomes a role the church could initiate to empower those individuals unaware of suffering from post traumatic stress stress.⁶

Case Study One: Participant-I

Demographics

Participant-I, a 39-year-old African American, single male actively recovering from breast cancer surgery, was eager to consent and become a part of the study. The statistics show that men experience breast cancer at a low one percent rate compared to

⁶John W. Creswell, *Research Design*, Quoted from (Kos, 1991, pp 876-877). 91.

women.⁷ Participant-I, is a church member; however, does not attend. He noted parenthetically that his last attendance was two months prior to the Vessels of Strength Retreat.

Stress Release Method

Participants were asked to respond to survey questions related to methods of releasing stress by placing a '1' in the column for a particular method if it was used to relieve stress or a '2' if it was not used. Participant-I indicated he used exercise, sleep (with a comment 'very' written in the column), family relations, meditation, prayer, and eating to relieve stress.

Potentially Traumatic Events/Stressors⁸

In this section of the questionnaire, participants had to report any traumatic life events experienced prior to receiving a diagnosis of breast cancer. Participant-I selected the stressful event from a list and indicated the associated level of stress using a scale from 1 to 100, with 100 as the highest level of stress. The question was to determine the stress level by indicating the amount of time spent thinking about the stressful event. The list of stressful events included events that commonly take place in SA/DV situations.

Participant-I wrote "yes" to physical abuse including, beating, kicking, battering, and threatened with a weapon. The levels of stress experienced listed consecutively as 40, 30, 70, and 50. The next group of stressful events experienced by the participant, those of

⁷Susan B. Love, 414

⁸Stress source book.

an emotional nature, were bullying, called degrading names, subjected to economic neglect, had property destroyed, and subjected to neglect (left alone or abandoned) with related stress levels of 30, 90, 70, 50, and 80. He also had encountered family violence (shooting, knifing, etc.), robbed, and reported a stress level of 30 for both events.

Role of Church/Faith Based Institutions

Participant-I reported the role of church or faith-based institutions, while experiencing traumatic events or stressors identified in the previous section. Participant-I selected the following activities: pray or relate to a higher power, talk with a friend from church or a faith institution, and experience praise or worship that gave you solace. He also assigned an 80 to each activity reported.

Breast Cancer Information

Participants answered questions pertaining to their experience with breast cancer and prior abusive, violent attacks. In response to the first question, 'How soon after experiencing any of the events indicated in questions 1 – 40 were you diagnosed with breast cancer', Participant-I selected the timeframe of 1-10 years. The next question was set up to look at the makeup of the tumor. The researcher was looking for indications of an aggressive, fast-growing tumor possibly suggestive of high levels stress that can affect the immune system. Participant-I responded by writing "ER – Her-2neu in the 'other' section. Participant-I reported the tumor as stage 2A. He indicated the tumor was invasive, meaning it grew beyond the original site. Participant-I also reported the tumor did not metastasize (that is, the cancer did not spread to another organ) and the original

tumor did not return. Participant-I indicated he is predisposed to breast cancer; however, he did not undergo genetic testing, indicated by not marking the response with a check mark. He does have other family member(s) that experienced cancer.

Participant-I: Educational Curriculum Implementation

First Reconciliation, Then Forgiveness

The participant-I indicated the material was somewhat new information and the main point of the story was “forgiveness, dreams, healing, and God’s plan.” He responded “yes” to the question ‘Would the information about reconciliation and forgiveness be helpful for someone dealing with a stressful event’ and commented “we all need reminders and re-affirmations through positive word.” Participant-I indicated he currently was not angry with anyone, and listed under other comments, “glorify these moments.”

Body and Soul: Healthy Eating

Participant-I indicated the material was somewhat new information. The comments given regarding the main point of the information stated that the “importance of self care and others we love.” Participant-I indicated the information about healthy eating would be helpful for someone dealing with a stressful event. The reason given was “healthy foods balance mind and body to help feed the soul.” The response of “yes” confirmed this participant in general does eat healthy on a regular basis and started “4 years ago, but since the diagnosis, I have really clamped down.” Other comments given regarding the presentation were, “very fun and eye opening.”

Exercise to Stay Healthy

Participant-I indicated the material presented was “somewhat old information” and the main point of the information on exercise was “stretching.” He wrote “yes” that the information about exercise would be helpful to someone dealing with a stressful event. The reason is that “the body speaks to the mind. Cells react. Well being.” Participant-I does exercise on a regular basis, at least 4 days a week. The exercise started “1 year ago.” Participant-I wrote in other comments that he “learned new stretches.”

Something to Say and Writing It

Participant-I indicated the presentation was entirely new information. The main point of the information on self-expression is “getting our stories out in the world to help our fellow man, woman, and child.” Agreeing that the information about self-expression would be helpful for someone dealing with a stressful event, Participant-VI stated that it was “very critical very crucial and life changing.” Participant-I reported “yes” to writing in a journal, diary/blog. The additional comment given was “God Bless you.

Case Study Two: Participant-II

Demographics

Participant-II is a 64-year-old Caucasian, married female. Statistics show that Caucasian women experience breast cancer at a higher incidence rate compared to

African American women.⁹ Participant-II wrote “yes” that she is a church member; however, placed a check mark on the item that indicates she does not attend.

Stress Release Method

Participant-II was asked to respond to survey questions related to methods of releasing stress by placing a number ‘1’ in the column if the method was used to release stress or a ‘2’ if it was not used. Participant-II reported using exercise, sleep, drugs (with a comment “legal” and drew a smiley face in the column,) peer relationship, family relations, meditation, therapy, prayer, eating (with “organic” in the column,) and specified dance movement under ‘other’.

*Potentially Traumatic Events/Stressors*¹⁰

This process used to gather information about any traumatic events experienced prior to receiving a diagnosis of breast cancer. Participants were instructed to select relevant events and indicate the stress level experienced using a scale from 1 to 100, with 100 as the highest level of stress. Participant-II determined the stress level by indicating the amount of time spent thinking about the stressful event. The list of stressful events consisted of events commonly reported in SA/DV situations.

Participant-II reported experiencing various categories and examples of abuse: physical – including rape, witnessed exhibitionism, physical beating, kicking, choking, and threatened with a weapon. She also experienced emotionally by being - forced into

⁹Susan B. Love

¹⁰Stress source book.

isolation, threatened to leave/be abandoned, bullying, called degrading names, and subjected to economic neglect. Her abuser minimized or denied the abuse. She had suffered the destruction of property, family violence (shooting, knifing, etc.), and was assaulted. She witnessed a violent crime, was robbed, and witnessed the sudden death of close family member, and experienced a disaster (fire, flood, hurricane, etc.). Participant-II indicated stress levels for only two events, a 90 for rape and 20 for witnessed exhibitionism.

Role of Church/Faith Based Institutions

Participant-II responded to indicate the role of the church or faith-based institution while experiencing traumatic events or stressors selected from the previous section. Participant-II reported experiencing the following items: pray or relate to a higher power, seek pastoral or faith organization counseling, confide in a church or faith institution leader, hear a sermon or message that gave solace, participate in a program at her church or faith based institution that helped her deal with the event, and receive professional help or counseling. Participant-II also entered a check mark in the yes column for the last question regarding the role of church/faith based institutions: 'If none of the above was available at your church or faith based institution did they refer you to outside help'.

Breast Cancer Information

The participants answered questions pertaining to their journey with breast cancer and prior abusive, violent attacks on their life. For the first question, 'How soon after

experiencing any of the events indicated in questions 1 – 40, was your diagnosis with breast cancer?’ Participant-II selected the third period of 21 - 30 years. The next question was set up to look at the makeup of the tumor. The researcher was looking for indications of an aggressive, fast growing tumor that could possibly result from high levels of stress that can affect the immune system. The participant-II filled in the section marked ‘other’ with ER, PR pos, Her-2neu pos. The tumor was stage 1. Participant-II indicated the tumor was invasive, meaning it grew beyond the original site.

Participant-II: Educational Curriculum Implementation

First Reconciliation, Then Forgiveness

The participant-II did not indicate a selection for revealing if they thought the material presented was new or old. However, she indicated that the lesson of the story was “forgive with all your heart.” The participant-II did not indicate whether the information about reconciliation and forgiveness would be helpful for someone dealing with a stressful event. However, noted in the section ‘if yes why’, Participant-II wrote, “I believe it would depend on what the type of stress.” Participant-II indicated she currently is angry with someone.

Body and Soul: Healthy Eating

Participant-II indicated the material was somewhat new information and entirely old information. The comment given regarding the main point of the information about healthy eating was “Take care of your body.” Participant-II wrote “yes” the information about healthy eating would be helpful for someone dealing with a stressful event. The

reason given was “Benefit of taking care of one’s body is emanated.” Participant-II reported that she generally does eat healthy on a regular basis and started “after diagnosis of B.C.” She also commented the “Two young women did a great job with presentation.”

Exercise to Stay Healthy

The participant-II indicated the material presented was somewhat old information and the main point of the information on exercise was “Keep your body flexible, drink water.” Participant-II wrote “yes” that the information about exercise would be helpful to someone dealing with a stressful event. The reason was that “energize retrains stress.” The participant-II does exercise on a regular basis and at least once a week. The exercise started “after B.C.”

Something to Say and Writing It

Participant-II indicated the presentation was somewhat new information. The main point of the information on self-expression was “reconcile with through writing and experiencing thing in life.” Participant-II selected “yes” and “no” that the information about self-expression would be helpful and not helpful for someone dealing with a stressful event. She wrote, “person could express them self without being judged.” In addition, she stated, “Fear someone would read what was written.” Participant-II indicated “No” in response to question about writing in a journal, diary/blog. The additional comments given were “started one several time.”

Case Study Three: Participant-III

Demographics

Participant-III is a 58-year-old African American, married female. Statistics show that African American women experience breast cancer at a lower incidence rate, compared to Caucasian women.¹¹ Participant-III wrote “yes” that she is a church member and “Yes” that she is a member of a faith institution. In addition, she placed a “N/A” for the attendance item indicating she does not attend.

Stress Release Method

Participant-III responded to the survey questions related to methods of releasing stress by placing a ‘1’ in the column if used or a ‘2’ if not used to release stress. Participant-III selected alcohol, exercise, sleep, drugs, peer relationship, family relations, entertainment, weekend trips, meditation, prayer, and eating.

*Potentially Traumatic Events/Stressors*¹²

This process used to indicate any past traumatic life events, prior to receiving a diagnosis of breast cancer. Participant-III selected the relevant stressful event and indicated the level of stress experienced using a scale from 1 to 100, with 100 as the highest level of stress. Participant-III determined the stress by indicating the amount of time spent thinking about the stressful event. The list of stressful events included events that commonly take place in SA/DV situations.

¹¹Susan B. Love

¹²Stress source book.

Participant-III reported experiencing the following: rape; witnessed exhibitionism; forced inappropriate touching/fondling or kissing; tied up; and stalked. The list continues with the following: threatened with a weapon; emotionally forced into isolation; threatened to leave/be abandoned; bullying, and called degrading names. She also had power or control taken from her, had property destroyed, witnessed torturing of pets, was tortured, family violence (shooting, knifing, etc.), and assaulted. Participant-III witnessed a violent crime, mugged, had a sudden life-threatening illness before breast cancer, sudden death of close family member, death threat, and disaster (fire, flood, hurricane, etc.). Participant-III did not indicate any stress levels for the stressful events she experienced.

Role of Church/Faith Based Institutions

Participant-III responded to indicate the impact the role of the church or faith based institution had on their life, while experiencing the potential traumatic events or stressors selected from the previous section. Participant-III indicated the following items from the list: pray or relate to a higher power, talk with a friend from church or a faith institution, hear a sermon or message that gave solace, experience praise or worship that gave solace, receive professional help or counseling. For the last item, 'If none of the above was available, at your church or faith based institution did they refer you to outside help', Participant-III wrote "N/A" in both the Yes and No column.

Breast Cancer Information

Participant-III answered questions pertaining to their journey with breast cancer and prior abusive, violent attacks. Indicated it was 1 - 10 years after experiencing any of the traumatic events/stressors that she received a breast cancer diagnosis. The next question, to determine the tumor type, is set up to look at the makeup of the tumor. The researcher was looking for indications of an aggressive, fast-growing tumor that could possibly suggest high levels stress that can affect the immune system. Participant-III placed a check mark next to the item 'Triple negative (ER, PR, Her-2Neu negative)' that was listed on the survey. The tumor was stage 3. Participant-III wrote "N/A" in the column next to the statement, the tumor was not invasive, meaning it did not grow beyond the original site. In addition, she placed a check mark next to the statement identifying the tumor as being contained (that is, the cancer did not grow beyond the original site).

Participant-III: Educational Curriculum Implementation

First Reconciliation, Then Forgiveness

Participant-III indicated the material presented during the session was somewhat new information and the lesson of the story was "forgiveness is for me and reconciliation unites me with all brothers & sisters." She responded "yes" to the question concerning whether not the information about reconciliation and forgiveness be helpful for someone dealing with a stressful event, and for 'why' wrote, "It's a prescription as pharmacy in."

Participant-III indicated that she currently is not angry with anyone and in the 'other comments' section wrote, "Wonderful beginning to retreat informational & spiritual."

Body and Soul: Healthy Eating

Participant-III indicated the material was somewhat new information. Regarding the main point of the information about healthy eating, Participant-III wrote, "It's biblical and you can feel the difference in your health." Participant-III indicated the information about healthy eating would be helpful for someone dealing with a stressful event. The reason given was "What's being eaten can have a positive effect on you physically, which can calm stress." This participant in general eats healthy food on a regular basis and commented that "Always when I became able to choose for myself."

Exercise to Stay Healthy

Participant-III indicated the material presented was somewhat new information and the main point was "Living & breathing takes exercise." Participant-III wrote "yes" that the information about exercise would be helpful to someone dealing with a stressful event. The reason is that "It (info) & doing the exercises is very stress releasing." Participant-III does not exercise on a regular basis, but commented that she "used to, need to start again."

Something to Say and Writing It

This participant indicated the presentation was somewhat new information. The main point of the information on self-expression is "Journaling & writing having perspective to how, where, when – we are busy." Participant-III selected "yes" and "no"

as to whether or not the information about self-expression would be helpful or not helpful for someone dealing with a stressful event. She wrote, "To know & understand ourselves reduces stress removes confusion which is stressful."

Case Study Four: Participant-IV

Demographics

Participant-IV is a 79-year-old African American, divorced female. Statistics show that African American women experience breast cancer at a lower incidence rate compared to Caucasian women.¹³ She reported that she is a member of a church and a member of a faith institution and does attend.

Stress Release Method

Participant-IV responded to questions related to methods of releasing stress by placing a '1' in the column for each method used or a '2' if not used to release stress. Participant-IV reported using the following: exercise, sleep "Very," drugs "Prescription, Very," peer relationship "Very," and family relations "Very". She reported '2' for sex "Not at all" and weekend trips "none". For the method 'entertainment', Participant-VV placed a "?" without a 1 or 2. She also wrote in the following comments: therapy "Important," meditation "Important," prayer "Important (Very)", and eating "Good."

¹³Susan B. Love

Potentially Traumatic Events/Stressors¹⁴

Participants identified any traumatic life events experienced prior to receiving a diagnosis of breast cancer. Participant-IV selected the stressful event and indicated the amount of stress level experienced using a scale from 1 to 100, with 100 as the highest amount of stress. Participant-IV determined the stress by indicating the amount of time spent thinking about the stressful event. The list of stressful events consisted of events that commonly take place in SA/DV situations.

Participant-IV experienced the following events. Level of stress for each event is in parentheses. Participant-IV experienced rape (100), beating (100), kicking (90), battering (90), and choking (75) called degrading names (90), and was subjected to economic neglect (75). Participant-IV reported that she did not have power or control taken from her; however, she filled in "70" as the stress level. She reported that her property was destroyed (10), was tortured (90), family violence (100), assaulted (100), robbed (75), and battery (80). For the item 'sudden death of close family member' Participant-IV reported a stress level of 100 and placed two check marks in the 'yes' column.

Role of Church/Faith Based Institutions

Participants identified the role of the church or faith-based institutions during the time they experience traumatic events or stressors. Participant-IV reported that they did the following activities; pray or relate to a higher power; seek pastoral or faith

¹⁴Stress source book.

organization counseling; and confide in a church or faith institution leader. Participant-IV also did the following; talk with a friend from church or a faith institution; hear a sermon or message that gave solace; experience praise or worship that gave solace, and participate in a program at her church or faith based institution that helped her deal with the event.

Breast Cancer Information

Participants answered questions pertaining to their journey with breast cancer and prior abusive, violent attacks. In response to the first question, 'How soon after experiencing any of the events indicated in questions 1 – 40 was your diagnosis with breast cancer' this participant selected the first period of 1 - 10 years. The next question was included to gather information about the makeup of each participant's tumor. The researcher was looking for indications of an aggressive, fast-growing tumor that might suggest high levels of stress that can affect the immune system. This participant indicated she did not know the type or staging of the tumor. Participant-IV did indicate the tumor was not invasive, meaning it did not grow beyond the original site. She also reported that the tumor did not metastasize (that is, did not spread to another organ) and that the original tumor (same type of cancer cells) did not return. Participant-IV indicated she is genetically predisposed to breast cancer and that other family member(s) have experienced cancer. However, she indicated that she has not had genetic testing and placed a question mark under; what were the results.

Participant-IV: Educational Curriculum Implementation

First Reconciliation, Then Forgiveness

Participant-IV indicated the material presented during the session was somewhat new information and somewhat old information. Participant-IV commented that the lesson of the story was “Forgiveness - Love + No stress.” She responded that the information about reconciliation and forgiveness would be helpful for someone dealing with a stressful event. In addition, in the section, if “yes,” why she wrote, “My present circumstances.” In the ‘other comments’ section, she indicated, “I am currently disappointed in someone.”

Body and Soul: Healthy Eating

Participant-IV indicated the material was somewhat new information and somewhat old information. The comments given regarding the main point of the information about healthy eating were “Eating nutritiously and finding it in the Bible + loving your body.” Participant-IV indicated the information about healthy eating would be helpful for someone dealing with a stressful event. As to ‘why,’ the reason given was “a healthy body = a healthy, mind, Spirit + Soul”. Participant-IV in general does eat healthy on a regular basis and “Trying to now I slip sometimes.” Participant-IV wrote in the ‘other comments’ section, “Very Good Presentation By Both Women. Both said Eating Biblical Foods Original Foods is better than processed Food.”

Exercise to Stay Healthy

Participant-IV indicated the material presented was entirely new information and the main point of the information about exercise was “Strengthen Core Muscles – help cardio rate.” Participant-IV indicated the information about exercise would be helpful to someone dealing with a stressful event. The reason given was that “Exercise Relieves stress.” Participant-IV does exercise on a regular basis, in particular “several times a week.” Participant-IV started “Light exercise 4 years ago, was told not to do aerobics, but to walk every day.”

Something to Say and Writing It

Participant-IV indicated that this presentation was somewhat new and somewhat old information. The main point of the information on self-expression was “The Legacy for Family + Release of Stress for self.” Participant-IV selected “yes,” that the information about self-expression would be helpful and not helpful for someone dealing with a stressful event. She wrote “Because Revelations Create a sense of Wellness, Because God is Good All the Time.” Currently, Participant-IV does not journal or write in a diary/blog. However, she indicated in the comments, “Trying to Write a Book the Commentator was very insightful.”

Case Study Five: Participant-V

Demographics

Participant-V is a 61-year-old African American, single female. Statistics show that African American women experience breast cancer at a lower incidence rate

compared to Caucasian women.¹⁵ Participant-V responded “yes” she is a member of a church and does attend.

Stress Release Method

Participants responded to survey questions related to methods of releasing stress by placing a ‘1’ in the column for each method used or a ‘2’ for methods not used. Participant-V selected exercise, sleep, sex, peer relationship, family relations, entertainment, weekend trips, therapy, meditation, prayer, and eating as methods used for relieving stress.

Potentially Traumatic Events/Stressors¹⁶

The following process was significant to gather information about any traumatic life events prior to receiving a diagnosis of breast cancer. Participant-V selected the relevant stressful event and indicated the level of stress experienced using a scale from 1 to 100, with 100 as the highest level. Participant-V determined the stress level by indicating the amount of time spent thinking about the event. The list of stressful events was events that commonly take place in SA/DV situations.

Participant-V reported experiencing the following events and the related stress level is in parentheses: threatened to leave/be abandoned (50), called degrading names (50), subjected to economic neglect (100), and witnessed a violent crime (100).

¹⁵Susan B. Love

¹⁶Stress source book.

Participant-V also reported she had property destroyed and was subjected to neglect (left alone or abandoned), but did not indicate a stress level for either event.

Role of Church/Faith Based Institutions

Participant-V indicated the importance for the role of church or faith-based institutions during the time they experienced traumatic events or stressors selected from the previous section. This participant selected the following items from the list. Then provided a numerical rating for each one: pray or relate to a higher power (100), talk with a friend from church or a faith institution (100), hear a sermon or message that gave you solace (100), experience praise or worship that gave you solace (100), and receive professional help or counseling (75).

Breast Cancer Information

Participants answered questions pertaining to their journey with breast cancer and prior abusive, violent attacks. This participant indicated it was 21-30 years after experiencing any stressful event that she received a breast cancer diagnosis. The next question used to determine tumor type. The researcher was looking for indications of an aggressive, fast-growing tumor that might suggest high levels of stress existed and possibly affected the immune system. Participant-V circled the response 'I do not know' listed on the questionnaire for the items regarding tumor type and staging of the tumor. Participant-V also circled the item that the tumor was contained (the cancer did not grow beyond the original site).

Participant-V: Educational Curriculum Implementation

First Reconciliation, Then Forgiveness

Participant-V indicated the material presented during the session was somewhat old information. Participant-V commented the lesson of the story was “Let it go. You do not have to keep score of the wrongs. God has a plan.” The response to the question, ‘Would the information about reconciliation and forgiveness be helpful for someone dealing with a stressful event’ was “yes.” In the section, if “yes, why” she wrote, “Holding on to and reliving stressful events can continue the stress.” Participant-V indicated that she currently was angry with someone. In addition, Participant-V wrote in ‘other comments’ “Need to let it go and let God work his plan.”

Body and Soul: Healthy Eating

Participant-V indicated the material was somewhat old information. Comments on the main point of the information about healthy eating were that “God has the instructions on everything including what you should eat.” Participant-V responded that the information about healthy eating would be helpful for someone dealing with a stressful event. The reason given was “Sometimes when people are stressed they do not eat foods that are healthy.” Participant-V does eat healthy on a regular basis, stating “Grew up on a farm eating fresh foods.” In addition, in the ‘other comments’ section she wrote “fruits and vegetables are not the only ‘good’ foods a body needs.”

Exercise to Stay Healthy

Participant-V indicated the material presented was somewhat old information and the main point of the session on exercise was “Exercise can be done at home.”

Participant-V responded that the information about exercise would be helpful to someone dealing with a stressful event because “Doing exercise changes your focus.” Participant-V does exercise on a regular basis, several times a week. She started to exercise “after back injury,” and wrote in the ‘other comments’ section that “Could have used more information that was for breast cancer. Presenter should have known who she was talking to.”

Something to Say and Writing It

Participant-V indicated this presentation was somewhat old information and the main point of the information on self-expression was “to learn to understand the need to look at your life as an ongoing story.” Participant-V responded that the information about self-expression would be helpful and not helpful for someone dealing with a stressful event. She wrote, “To learn to discern the presence of God.” Currently, the participant does journal or write in a diary/blog and indicated in the comments, “Writing brings on awareness to your life.”

Case Study Six: Participant-VI

Demographics

Participant-VI is a 63-year-old Asian American, married female. Statistics show that:

event. The list of stressful events was events that commonly take place in SA/DV situations. Participant-VI reported that she had not experienced any of the listed stressful events. However, at the bottom of the questionnaire she wrote, “Stress from raising a very uncontrolled teenager.”

Role of Church/Faith Based Institutions

Participants indicated the role of the church or faith-based institutions during the time they experienced traumatic events or stressors selected from the previous section. Participant-VI selected ‘pray or relate to a higher power’ from the list of items.

Breast Cancer Information

Participant-VI answered questions pertaining to their journey with breast cancer and prior abusive, violent attacks. Participant-VI had received two breast cancer diagnoses at different times. In response to the question ‘How soon after experiencing any of the events indicated in questions 1 – 40 was your diagnosis of breast cancer’ she indicated 1-10 years for the first diagnosis and 11-20 years for the second. The next question used to gather information about the makeup of the tumor. The researcher was looking for evidence of an aggressive, fast-growing tumor that could suggest high levels of stress that can affect the immune system. Participant-VI wrote “ER & Progesterone positive” for the first tumor and “ER & PR positive + Her-2 positive” for the second tumor. Regarding the staging of the tumors, Participant-VI indicated stage 2 for the first tumor and stage 1 for the second. Both tumors were contained (the cancer did not grow beyond the original site). Participant-VI wrote “? Maybe” in response to the

question ‘Are you genetically predisposed to breast cancer?’ and indicated genetic test scheduled for “later this year.” In addition, other family member(s) had experienced cancer.

Participant VI: Educational Curriculum Implementation

First Reconciliation, Then Forgiveness

Participant-VI indicated the material presented during the session was somewhat new information. She commented that the lesson of the story was “Reconcile forgive so you can follow God’s plan & use us as vessels.” She indicated the information about reconciliation and forgiveness would be helpful to someone dealing with a stressful event because “To reconcile & forgive is to lessen your own burden so you can follow your own plan.” Participant-VI currently was not angry with anyone.”

Body and Soul: Healthy Eating

Participant-VI indicated the material was somewhat new information. Comments given regarding the main point of the session on healthy eating were “We have an obligation to God to take care of ourselves and our bodies. Invest in our selves by eating healthy.” Participant-VI responded that the information about healthy eating would be helpful for someone dealing with a stressful event. The reason was “If you don’t eat well, you can’t heal and be all you can be.” Participant-VI does eat healthy on a regular basis and “Thought more about it after my diagnosis.”

Exercise to Stay Healthy

Participant-VI indicated the material presented was somewhat old information in addition, the main point of the information about exercise was “Do it! It’s good for you!” She indicated the information would be helpful to someone dealing with a stressful event. Participant-VI currently does not exercise on a regular basis and wrote, “I used to exercise 5 days a week before surging & chemo in March.” In the ‘other comments’ section she wrote, “I loved the stretching she is a great instructor.”

Something to Say and Writing It

Participant-VI indicated this presentation was somewhat new information. The main point of the information on self-expression is “By journaling we can examine our lives, work through issues, and renew your spiritual life.” Participant-VI selected “yes” that the information about self-expression would be helpful and not helpful for someone dealing with a stressful event. She wrote, “Spiritual journaling is a new concept to me. I enjoyed the talk and what it can add to my life.” Currently, Participant-VI does journal or write in a diary/blog.

CHAPTER SIX REFLECTION, SUMMARY, AND CONCLUSION

Finding: Results

The purpose of this focus in ministry was to explore the relationship of traumatic stress, presumably caused by incidents of sexual abuse/domestic violence (SA/DV), in relation to breast cancer. In addition, to suggest a role the church could take in resolving any stress that might occur in the life of an individual. The researcher had the task of establishing the Context Associates group as well as introducing them to the program. The field experiences presented some challenging situations for the researcher, especially with explaining the program. The researcher's concern was the sensitivity of the nature of the program. In addition, she did not want to offend anyone that might have a personal experience of SA/DV.

The researcher received directions of how to proceed from the pastor and chairperson of the Deacon Board to talk to the chairperson of the women's ministry regarding the project. The researcher then approached the women's ministry, because of the availability of individuals from within the ministry for the context group. Unfortunately, she did not realize until the third meeting there was a miscommunication regarding the project and their role as group members.

The chairperson of the Grace Life women's ministry added the researcher's name on the agenda as one of the speakers at their first reorganization meeting. The meeting

took place on September 27, 2008. The researcher gave a brief talk to the group on the topic of "Making Strides against Breast Cancer." Following the talk, she circulated a survey requesting the women to sign if they were "interested in meeting and discussing breast cancer or other types of cancer?" The women wrote their name, telephone number, email address, and address on the survey.

The researcher contacted each person that signed the survey and asked questions directed to their interest in breast cancer. Their responses were surprising because when asked 'Have you ever received a diagnosis of breast cancer' they all answered "no." One woman stated she had "a cousin with breast cancer, grandmother that had ovarian cancer, and a mother-in-law that passed with breast cancer." She was also in the process of collecting yogurt lids from a company to raise money for women's health. Another person answered she was "willing to help others, when her husband was diagnosed with a brain tumor." The researcher then invited each person to attend a breakout session at the next women's meeting.

The next meeting of the Grace Life women's ministry took place November 22, 2008. The researcher circulated a survey during the breakout session regarding their knowledge about breast cancer. The survey contained five multiple-choice questions, for example, "What are your concerns about breast cancer or other types of cancer?" They could respond from the following choices: (a) Need information or someone to talk with, (b) How can I be helpful? (c) I am at risk, (d) I have a friend or relative at risk, and (e) Other. The survey results were to provide names of individuals who were possible candidates for the Context Associates team for the focus in ministry. The intention for creating a context group did not convey clearly on the survey or during conversations

regarding the survey. The researcher describes the miscommunications as a situation that possibly developed because of the explaining the purpose of a Context Associates group. Additionally, the researcher realizes the best approach to create a Context Associate group was through the women's ministry. This was a setting where women could initiate dialogue on topics that were personal and they would feel at ease in talking privately with other women.

During the breakout session, the researcher became aware of another project was in the implementation process by some of the same people that were prospects for the Context Associates group. Their project, sponsored through the American Cancer Society (ACS), is "Body and Soul a Celebration of Healthy Eating and Living"¹ The program designed to reach out to the African American community through the church. The website gives the following information:

Body & Soul is a health program developed for African American churches. The program encourages church members to eat a healthy diet rich in fruits and vegetables every day for better health. Churches that embrace Body & Soul help their members take care of their bodies as well as their spirits. The church is one of the most powerful elements to African American culture, and clergy leaders are key influencers to their congregations.²

The researcher initially thought there could be a conflict between the programs, since the researcher was recommending a nutrition component as part of the educational curriculum. Following a close review of the Body and Soul program, the decision was to use the Body and Soul program as the nutritional component. The exploration of both the researcher's educational curriculum and Body and Soul programs indicated the context

¹Body and Soul, <http://www.bodyandsoul.nih.gov/what.shtml> [accessed January 6, 2010]

²Ibid.

site was moving in the right direction by introducing the idea of taking care of one's health, along with sermons, worship, bible study, and pastoral counseling. The different ministries would work well together.

The third meeting of the proposed Context Associates group took place on April 25, 2009. This was the revelation meeting in many ways. Information packets were available to each attendee. Each person signed their name and wrote their phone number as well as their email address on the sign-in sheet. The packet included information on the focus in ministry, the researcher's background information, the purpose of the project, and an explanation of the roles for the Context Associates. There was quite a bit of dialogue regarding what the intent of the focus in ministry. One of the attendees thought the project was similar to the women's ministry; however, everyone explained that was not the case. The researcher felt a little bewildered and along with others in the group worked hard to answer and clarify all questions. The subsequent meetings were informative and productive. One of the researcher's Professional Associates attended the meeting, which was an asset and she participated in the discussion.

Suggestion for Creating the Context Associate Group

The researcher acknowledges and reinforces the recommendation in the Doctor of Ministry Student Handbook "Context Associates should be chosen very early in the program, helping to shape the Synergy paper."³

³United Theological Seminary. Doctor of Ministry Student Handbook. 34.

The researcher's plan to formulate the team did not progress on time, because of a change in leadership took place at the context site during the early stages of developing the project.

Finding I: Demographics

The findings of the demographics revealed the six participants ages range from 39 years old to 79 years old, with a mean of 60.5 years old. The ages were 64, 39, 58, 79, 61, and 63. There were five females and one male participant. The marital status results were three married, two single and one-divorced participants. The ethnicity representation in the study was four African American, one Caucasian, and one Asian participant.

Included with the demographics section the researcher's findings showed that all six participants were church members. Three participants affirmed they were members of a faith institution. Three of the participants did attend church, one did not attend church, and in addition, one attended church sometimes. Two participants did not attend church.

Reflection: Finding I Demographics

The researcher's comparison of the participants' gender in the study was close to the demographics of the gender within the context site. There are more females than males in the context site. The ethnicity in the context site does reflect a majority of African Americans and a lesser number of Caucasians and Asian members.

The researcher findings revealed three participants were members of a church and faith institution. The three participants might have responded because they thought the church is a faith institution.

Finding I: Recommendations

The researcher's intent was to reference a faith institution as another entity besides the church, such as a temple, mosque, Young Men Christian Association, Young Women Christian Association, or other. A recommendation would be to define and provide a list of faith institutions for a reference.

Finding II: Stress Release Method Survey

The findings for the, Stress Release Method portion of the survey resulted with four participants that did not use *alcohol* as a method to release stress. The results show that one participant did use *alcohol* as a way to release stress. One participant did *not report* to *alcohol* as a form to release stress. All six participants selected *exercise* as a form to release stress. Six participants choose *sleep* as a stress release method. Three participants used *drugs* as a method to release stress. Two participants did not use *drugs* as a method to release stress. One participant did *not report* to *drugs* as a method of releasing stress. Three participants did not use *sex* as a form of releasing stress. Two participants used *sex* as a stress releaser, and one participant did *not report* on this item. Five participants used *peer relationships* as a method of releasing stress, and one participant did *not report* for this category. All of the six participants did use *family relationships* as a form of releasing stress.

Three participants used *entertainment* a stress releaser; one participant did not use *entertainment* to release stress. One participant did *not report*. Three participants used *weekend trips* as a method to release stress. Two participants did not use *weekend trips* to

release stress, one participant did *not report*. The following four participants used *therapy* as a method to release stress, and one participant did *not report*.

All the six participants used *meditation* as a form of releasing stress. Again, all six participants used *prayer* to release stress. The six participants all use *eating* as a stress release method. Listed under other one participant wrote in *dance*, one participant wrote in *dance/sing*, and one participant did *not use* as a stress release method.

All of the six participants used the following methods of releasing stressing, *exercise, sleep, family relationships, meditation, prayer, and eating*.

Reflection: Finding II-Stress Release Method Survey

The survey looked at the different methods people use to release stress. The researcher understands that some types of stress release methods could be ambiguous, since anyone of the methods listed could be helpful, when used in moderation and become a benefit to a person that is in need of a positive transformation in their life. Looking at this from another perspective, abusing or excessive use of releasing stress could leave a negative impact on their life. The researcher discovered a majority of the group utilized the methods to benefit their life status.

Finding II: Recommendations

The researcher noted that seven of the fourteen categories did not report an answer, indicated by not writing in a response. I would highly recommend that participants be encouraged fill in all responses as given in the instructions. This would give more validity to the study, showing that each item was in consideration.

Finding III: Potentially Traumatic Events/Stressors

Finding III: Events 1-6

The findings for “Potentially Traumatic Events/Stressors section of the questionnaire was that five participants reported “no” to *sexual: incest* and one participant did *not report*. Three participants reported “yes” to *rape*, two reported “no” and one did *not report*. The stress level reported were one at 90, two did *not report*, and one participant listed 100. Five participants reported “no” to *forced nudity*. One participant did *not report*. Two participants reported “yes” to *witnessed exhibitionism*, three participants reported “no” and one participant did *not report*. One participant reported a stress level of 20 and one participant did *not report*. Five participants listed “no” to *forced to look at pornography* and one did *not report*. Four listed “no,” one listed “yes,” and one did *not report* to forced inappropriate touching/fondling or kissing. One participant did *not report* to the stress level experienced.

Finding III: Events 7-15

The findings for *physical: beating* were three with “yes” and three, listed “no.” The stress levels reported, one did *not report* one reported 40 and one reported 100. Three listed “yes” and three listed “no” for *kicking*. The stress level reported are one did *not report*, one listed 30, and one listed 90. Four participants listed “no” and two listed “yes” to *battering*. The two stress levels listed were 70 and 90. The next event *choking*, had two participants listed “yes,” three listed “no,” and one did *not report*. One reported a stress level of 75 and the other did *not report*. Five participants listed “no” and one did *not report*. To *being tied up*. Four reported not *being stalked* by listing “no” and one

listed “yes,” that participant did *not report* a stress level. Four listed “no” to *forced to eat/work*, one list “yes,” and one did *not report*. One did *not report* the stress level of the event. Three listed “yes” to being *threatened with a weapon* and three listed “no.” Two did *not report* a stress level and one listed 50. The next stressful event, *experienced elder abuse (by your own children)* had five participants listed “no” and one did *not report*.

Findings III: Events 16-27

Two participants listed “yes” to *emotional: forced into isolation*, three listed “no” and one *did not report*. Two did *not report* a level of stress. Three listed “yes” to being *threatened to leave/be abandoned*, two listed “no,” and one did *not report*. Two did *not report* a level of stress and one listed 50. Five listed “no” to *threats to be cheated on* and one did *not report*. Three listed “yes” to *bullying* and three listed “no.” Two did not report and one listed 30 as a level of stress. Five participants were *called degrading names* they indicated this by writing “yes” and one participant wrote “no” as a response. Two did *not report* a stress level; two listed 90; and one listed 50. Four listed “yes” indicating subjected to *economic neglect* and two listed “no.” One did *not report* and three listed consecutively stress levels of 70, 75, and 100. Four participants did *not report*, if the abuser *minimized or denied the abuse*. One participant listed “yes” and one listed “no.” The level of stress experienced was *not reported*. Four listed “no” to *had power or control taken from you*. One listed “yes” and one did *not report*. One did *not report* a level of stress. Four listed “yes” to *have your property destroyed*. Two listed “no.” Three participants did *not report* a stress level, while one listed 50. Four listed “no” to *witnessed torturing of pets*, one listed “yes” and one did *not report*. Four listed “no” to *subjected to neglect (left alone or abandoned)* and two listed “yes.” One listed a stress

level of 80 and one did *not report*. Five participants listed “no” to *have not been fed or allowed to bathe*. One did *not report*.

Finding III: Events 28

Three listed “no” to *tortured (the worst form of torture is sexual because it combines physical, emotional and spiritual cruelty)*, two listed “yes” and one did *not report*. One did *not report* a level of stress and one listed 90.

Finding III: Events 29-40

Four listed “yes” to *family violence (shooting, knifing etc.)* and two listed “no.” Two did *not report* a level of stress and two listed 30 and 100. Three listed “yes,” two listed “no,” and one did *not report for being assaulted*. Two did *not report* a stress level and one listed 100. Three listed “yes,” two listed “no,” and one did *not report to witnessed a violent crime*. Two did *not report* a level of stress and one listed 100. Three participants were *robbed* they listed “yes,” two listed “no,” and one did *not report*. One did *not report* stress level and two listed 30 and 75. Four were not *mugged*, one listed “yes,” and one did *not report*. One did *not report* a stress level. Four responded to *battery* with a “no,” one listed “yes,” and one did *not report*. One listed a stress level of 80. Four did not have a *sudden life-threatening illness before breast cancer* they listed “no,” one listed “yes,” and one did *not report*. The one did *not report* a stress level. Three listed “yes,” to *sudden death of close family member*, two listed “no,” and one did *not report*. Two did *not report* a stress level and one listed 100. Four listed “no” to receiving a *death threat*, one listed “yes,” and one did *not report*. Two experienced a *disaster (fire, flood, hurricane, etc.)* and listed “yes.” Three listed “no,” and one did *not report*. Two did *not*

report a stress level. Five did not *witness death of another (suicide, homicide, etc.)* and one did not report. Listed under other, one participant listed *child rearing* and they did not report a stress level.

Reflection: Finding III-Results of Potentially Traumatic Events/Stressors⁴

The results of the study show that five out of six participants had experienced SA/DV. These statistics include the male participant. The highest number of responses from the participants came from being called degrading names. The participants' responses showed their level of stress rose to a high level. This act can most likely affect the individual's self-esteem by diminishing their power and taking control over his or her life. The majority of the participants had their property destroyed, another demeaning act that could possibly lower one's self-esteem. The majority of the participants experienced the horrific crimes of rape and physical beating, all of them enduring high levels of trauma.

The researcher found this section the most difficult to analyze because of the imagery projected of a person being subjected to pain and suffering by another person. The question remains open, how do people of faith respond to traumatic stress in their lives?

Finding III Recommendations

The researcher recommends scheduling and recording interviews as a viable component of the survey. This would give participants more privacy in a one on one setting.

⁴Ibid.

Finding VI: Role of Church/Faith Base Institutions

When asked if Participant-VI would seek counseling from a pastor or a designated counselor in a faith base organization the response was low in comparison to the majority of the participants declaring they would pray. The majority of the participants indicated they would not go to the pastor or designated counselor to discuss the trauma in their lives. The same group by a strong majority indicated they would rather talk with a friend from church or a faith institution if they were being abused or having their life violated by domestic violence. The majority of the participants agreed hearing a sermon or message and experiencing praise or worship gave them solace. The majority of the responses indicated when having stressful events take place in their lives they would rather not participate in a program at their church or faith-based institution.

Reflection: Finding VI-Role of Church/Faith Base Institutions

This section of the survey was to explore the thought process of the participants when they were under duress from any of the listed stressful events. The results showed that all of the participants elected to pray or relate to a higher power when a traumatic event they could not control happened in their life.

The researcher noted in this study that people having situations in their life they cannot control are prone to keep concerns or thoughts to themselves. Nevertheless, the church or faith-based institutions could train lay leaders to recognize behaviors of distress in an individual. The intent of this project is to provide programs for individuals in need. The information regarding the program could possibly draw the individual into the sessions. The pastor and other leaders that have any knowledge of the stress the person is

experiencing could invite the person to attend. The effort to engage a person could attract them to attend a program designed to reduce stress and empowered by improving their spiritual, physical, emotional, and self-esteem.

Finding V: Breast Cancer Information

Reflection: Finding V-Breast Cancer Information

The purpose for collecting the breast cancer information was to examine any diagnostic information that could possibly indicate the aggressiveness of the growth pattern of tumors in comparison with the participants' traumatic life history. The majority of the participants received a diagnosis of breast cancer less than ten years after experiencing traumatic events in their life. Two of these individuals' tumor types were invasive, meaning *cancerous cells that can invade nearby tissues, or enter the blood stream and lymphatic system, spreading to distant organs*.⁵ None of the participants had a metastatic tumor type meaning the tumor did not "spread from one part of the body to another, *when cancer cells metastasize and form secondary tumors, the cells in the metastatic tumor are like those in the original (primary) tumor*."⁶ The researcher noted one participant with the least indication of traumatic events in their life experienced two diagnosis of breast cancer within ten years. Participant-VI wrote on the survey that maybe there was a predisposition to breast cancer in her family. She will take a genetic test in the very near future. The test could reveal inherited genes passed down through DNA from other family members. In the case of this participant, it would inform her if a

⁵Ernie Bodai. pg 54.

⁶Ibid. 153.

gene caused the breast cancer. Unfortunately, the researcher was not able to retain copies of the participant's biopsy reports, which might have provided more data for this section.

Finding VI: Implication of Education Curriculum-Evaluations

Reflection: Finding VI-Implication of Education Curriculum-Evaluations

The comments regarding the first session of the retreat were all favorable and very positive. All of the participants indicated the first session on reconciliation and forgiveness would be helpful for anyone dealing with stress. The majority of the participants were currently angry with someone. Each one of the participants wrote comments indicating it was not good to stay angry. The following example of one response to the question, *Are you currently angry with someone was, Yes*. Their written response was "need to let it go and let God work his plan." This response might have meant Participant-VI reflected on the lesson and decided to let the anger go.

Body and Soul-Healthy Eating⁷

The evaluations indicated the majority of the participants responded to healthy eating as somewhat new information. Due to the responses to the question that asked them to identify the main point of the session it was evident that they were on the same accord. The following example from the responses is the theme of how everyone felt. Participant-VI wrote, *we have an obligation to God to take care of ourselves and our bodies. Invest in ourselves by eating healthy.*

The researcher noticed the involvement of all the participants during this session. The played the games directed towards healthy eating, answered questions, and laughed a

⁷Body and soul website

lot. Everyone agreed that eating healthy would be helpful for someone dealing with a stressful event. This is a strong indication that there is always something more to learn.

Exercise to Stay Healthy

There was one comment listed under *other*, which was less favorable than the majority of responses. The comment suggested that the presenter could *have used more information that was for breast cancer. Presenter should have known whom she was talking to*. The presenter demonstrated exercises that would fit all situations and under any circumstances. The majority of the participants responded favorable to the question, ‘Would the information about exercise be helpful to someone dealing with a stressful event?’ One answer stated *I loved the stretching she is a good instructor*. The majority of the participants indicated that *yes* they do exercise on a regular basis.

Before the retreat, the researcher informed the presenters that their audience would be evaluating an educational curriculum designed to address relieving stress in a person’s life. She did not go into detail on the personal life experiences of the participants. No one else commented on insensitivity around any of the sessions. One participant told the researcher following the event, *I am very happy that we did not talk about breast cancer*. The researcher talked with her later and realizes that experiencing the breast cancer was something she did not want to go through again.

Having Something to Say and Writing It

This session received everyone’s attention. The majority of participants said this was somewhat new information to them. The responses from participants agreed that the presented information on self-expression would be helpful for someone dealing with a

stressful event. The oldest participant was a 79-year-old African American female who had diagnosis with breast cancer one to ten years after experiencing traumatic events of stress in her life. She shared with the group that she has been writing her autobiography for years. She has several stacks of her writings and was encouraged by the presentation and learned how she could even publish her story. One participant wrote as an additional comment, *Writing brings on awareness to your life.*

The researcher was comfortable by the encouraging affirmations for the educational curriculum. The responses showed that everyone did leave this session learning something new about the healing components of writing.

Model of Final Project

The context site for this focus in ministry was the Faith Fellowship Community Church (FFCC) of North Highlands, California. The researcher had several discussions with pastors at FFCC on the topic of sexual abuse/domestic violence (SA/DV). Early in the development stage of the project, the senior pastor shared that many church members who are victims of abuse do not ask for help. Later, the interim pastor discussed ways to reach out to victims who remain silent about the abuse and violence they experience. The interim pastor's key recommendations were to address the church ministries that are primarily composed of women. The interim pastor continued by stating that as some victims of abuse become part of a safe environment they might talk about their pain. On the other hand, some talk about the pain of 'someone they know,' but in fact, it could be them. It appears that the shame from other people finding out about their pain is overwhelming. During the conversation, the need to have retreats, workshops, and

informational handouts to be available for the congregation. The interim pastor indicated that people experiencing abuse of any kind would most likely talk to the pastor regarding the situation. Otherwise, they keep the pain inside which then becomes a stressful force in their lives.

The researcher began to see the project taking form and the hypothesis for the project developed gradually. The purpose of the project was to investigate the possibility that traumatic stress put individuals at risk for breast cancer. That is, among individuals with a history of SA/DV, data from the study might suggest traumatic stress may have put them at risk for breast cancer. The researcher proposed to seek information from individuals who had received a breast cancer diagnosis. The plan was to develop a method to obtain the following information:

1. Seek individuals who have a diagnosis of breast cancer.
2. Ask if they had a history of SA/DV.
3. A response of yes would help support the hypothesis that stresses due to SA/DV put them at risk for breast cancer.
4. The researcher utilized the case study methodology. The decision came as a recommendation from the UTS staff research professor and the criteria for case study defined by author Robert K. Yin. He writes, "In brief, the case study method allows investigators to retain the holistic and meaningful characteristics of real-life events-such as individual life cycles"⁸ that coincides with the parameters of this study.

Starting in November 2008, meetings with the Context Associates and Professional Associates took place. There were two planning sessions followed by several one-on-one planning sessions with members of the Context Associates and

⁸Robert K. Yin. *Case Study Research: Design and Methods Fourth Edition Applied Social Research Methods Series Volume 5*, (SAGE, Los Angeles, 2009). 4.

Professional Associates. Based on suggestions obtained during the planning sessions a focus of ministry outlined as:

5. There would be a one-day event lasting at least six hours. The venue would include a time for each participant to fill out a questionnaire packet, consisting of surveys, demographic surveys, questionnaires, and evaluation forms. There would be an interactive educational curriculum presentation with four components recommended by the researcher.
6. The event would take place at a hotel. This would accommodate having a private room and a meal for the participants; in this case, breakfast. The researcher agreed this would be an expression of thanks to the participants and presenters.
7. The event would take place at a Sacramento hotel on August 15, 2009, beginning at 7:30 AM to 1:00 PM. The hotel would set up four round tables for eight and provide centerpieces and a registration table with two chairs. The hotel staff would also set up audio and visual aides and serve the meal. The menu selection included fresh seasonal fruit, fresh-baked breads, scrambled eggs, choice of ham steak, sausage, or bacon; roasted breakfast potatoes, and freshly squeezed orange juice, fresh brewed coffee, decaf, or tea and water. Parking would be available free of charge and a private entrance was available.
8. The name chosen for the event was "Vessels of Strength Retreat." The planned agenda included: registration (20 minutes), devotion (10 minutes), welcome/instructions regarding the questionnaire packet contents, breakfast/begin to fill out questionnaire (60 minutes), educational curriculum with each presentation lasting 45 minutes, followed by filling out an evaluation (15 minutes), and conclude with the benediction (prayer).
9. The educational curriculum included four topics: (a) First Reconciliation: Then Forgiveness, (b) Body and Soul: Healthy Eating, (c) Exercise To Stay Healthy, and (d) Understanding and Telling your Story.
10. Facilitators for the retreat consisted of the following events. The interim pastor presented the session on reconciliation; the certified nutritional instructors/representatives of the ACS Body and Soul project at FFCC led the session on nutrition. A certified personal trainer, who also leads the praise and worship dancers at FFCC, presented the session on exercise. An ordained minister with extensive experience in journaling/written expression led the session on self-expression. The worship leader from FFCC led the opening devotionals. In addition, one of the Professional

Associates who has a research background handled registration/code assignment. The researcher recommends that trained pastors, ministers, or leaders make all educational presentations.

11. The research study participants included persons who experienced a journey with breast cancer. Introduction letters were hand delivered to potential recipients. Ten potential participants were prospects. The packets the participants received the following information. The Consent to participate in a Research Study form (after signing the consent a copy went to the participant). A Permission to Use Photo form (not related to the research study). In addition, the study questionnaire (with the title page to include space for an identification code for each participant), and a table of contents for the following sections: Demographics, Stress Relief Method, Stress listing, Role of Church/Faith Based Institutions, and breast cancer information. Also included in the packet were the Vessel of Strength Retreat agenda and evaluation forms for each of the educational components.

Educational Curriculum

The researcher introduced an education curriculum as a recommendation for the role of the church in reaching out to persons that attend church and privately carry a burden of fear, abuse, violence, or other issues that they do not share with others. The idea of the educational curriculum developed during the process of a healing journey the researcher experienced.

The researcher realized the importance of an educational curriculum while writing her spiritual autobiography. Recounting the many times in her life that God manifested His presence and guided her confirmed the importance of keeping one's body, the vessel that God has given, healthy. Reconciliation, another part of healing experienced by the researcher, is a process for freeing oneself to be available for healing. This involves releasing the burdens that we may hide deep in our sub-conscious mind. There may be times that we do not recognize them when they surface or where they came from. These

hidden burdens can affect our physical and mental state of mind. How we accept the burdens as a part of our life can make the difference in our life, leaving the risk of the burden becoming detrimental to our health.

Prevention became extremely important to the researcher during the healing process. In particular, preventative measures such as eating foods that were nutritionally important for nurturing and supporting various aspects of the architecture of the human body, such as red and white blood cells, weight, and blood pressure. Intervention became a testimony of how important exercise is to the human body. Exercises strengthen the body by stretching muscles, helping the heart to pump blood cells to the organs, and increasing stamina.

Restoration provides a forum to understand the importance of healing the mind. Emotions can have a positive or negative effect on the body. The researcher determined that self-expressing ideas and thoughts through writing stories, spiritual autobiography, journaling, poetry, and drawing could possibly change the dynamics of how one could perceive an emotion.

The creation of an educational curriculum was a process. Reconciliation came first because of its significance. The prevention component functions as a shield preventing negative situations. The intervention component intervenes in any situation and begins the healing process of eliminating toxins from the body. Restoration is the component that restores faith, trust, hope, and love of self. Reconciliation, prevention, intervention, and restoration represent four aspects of the healing cycle. A curriculum based on these four concepts became the agenda for the Vessels of Strength Retreat. Each of the 45-minute sessions was interactive or had time allotted for questions and answers.

Vessels of Strength Retreat: Outline

1. First Reconciliation: Then Forgiveness
 - a. Biblical definition of reconciliation.
 - b. Explanation of the importance of reconciling with God first.
 - c. Biblical definition of forgiveness.
 - d. Biblical scriptures discussed that provide examples of reconciliation and forgiveness.
 - e. Examples of biblical female characters that were abused or violated and how God guided them through certain situations.
 - f. Examples of life situations given where one could use reconciliation or forgiveness.
2. Body and Soul: Healthy Eating
 - a. Biblical scriptures given explaining how God wants us to eat.
 - b. Biblical scriptures and examples given on the importance of nutrition.
 - c. Interactive discussion on the value of the food groups.
 - d. Discussion on how healthy eating affects the body, mind, and spirit.
 - e. Distribution and instruction of tools for monitoring: weight, age, and food.
 - f. Distribution of cookbooks, talk about preparing healthy foods and charts on nutrition.
3. Exercise to Stay Healthy
 - a. Discussion on the importance exercise has on the body.
 - b. Demonstration of exercises that can be done in the home.
 - c. Discussion on the importance of the heart rate on exercise.
 - d. Demonstration of exercises that could be done after surgery.
 - e. Demonstration on how to exercise by supporting self on wall, chairs.
 - f. Group interaction and instructions about positions for the different exercises; questions and answers given during the session with emphasis on the importance exercise has on the mind, body, and spirit.

4. Understanding and Telling Your Story

- a. What's your story? – telling of your story, lives can be changed, including your own.
- b. Foundation principles of spiritual autobiography – foundation scripture.
- c. Telling your story: personal memoir, family history, photos, journaling
- d. Spiritual lifeline – show positive/negative life events from birth
- e. More story topics: name three people, things, activities, and attributes that are dear, special, enjoyable, and cherished.
- f. Facing life's transitions – relinquishment – trust – transformation. Discerning God's presence.

Evaluation Format for Educational Curriculum

After each session of the educational curriculum, participants were asked to comment about various aspects of the presentation. The evaluation form for each presentation consisted of five questions. Four of the questions were the same and one question was specific to the information presented during a given session. The first question asked participants to indicate if the presented material was “entirely new”, “somewhat new,” “somewhat old,” or “entirely old,” and is an example of a question that was the same on all evaluation forms. The participants explained the lesson or main point of the material presented during the session. An example of a question specific to a given presentation is “Are you currently angry with someone”? This was a question asked following the session entitled “First Reconciliation: Then Forgiveness.”

First Reconciliation then Forgiveness Presentation

A didactic 45-minute presentation on the first component of the educational curriculum, First Reconciliation then Forgiveness was a dynamic opening. The foundation was set for understanding the biblical principle for how God intended us to follow the principles of reconciliation and forgiveness - a way that we can release ourselves from burdens we are not to carry alone. Examples were given of how the body responds to stressful situations that one cannot turn loose and the impact that it has on the body. After the presentation, the researcher reminded the participants to fill out the evaluation form pertaining to the presentation.

Body and Soul: Healthy⁹ Eating Presentation

This was an interactive presentation with audience participation, including a questions/answers section and games from the Body and Soul: Healthy Eating national program. This component was great following the first session. The presentation was a change in venue allowing the participants a relaxing way to receive information on nutrition and the benefits of a nutritious diet on the body. The presenters gave biblical scriptures encouraging the audience to eat foods that were healthy. They received instructions to measure food portions and the importance of knowing the food groups. Instructions on the importance of always discussing diet changes with a physician. Handouts on diet, weight, and preparation of meals were available to the participants. The researcher again reminded the participants to fill out the evaluation form pertaining to this presentation, allowing 15 minutes for the next component.

⁹Body and Soul.

Exercise to Stay Healthy Presentation

An informative component presented by a certified physical trainer who explained the importance of the effect exercise has in relieving stress. A series of instructions on how to exercise at home, using the wall, floor, and a chair as support, was extremely informative. The instructor demonstrated all of the exercises and to the researcher's surprise the majority of the participants enacted the exercises by getting on the floor, leaning on walls, and supporting themselves with chairs. The physical trainer informed the participants of the importance of talking with their physician before beginning an exercise program. The researcher prompted the instructor to demonstrate exercises for individuals who have had surgery. The researcher wanted that type of information provided for participants that might have had surgery related to their breast cancer diagnosis. The researcher reminded the participants about the 15 minutes to fill out the evaluation before the next educational component started.

Understanding and Telling Your Story Presentation

This component of the educational curriculum included a power point presentation and notes pages that were given to each participant. The instructor provided biblical scriptures and examples to describe the techniques for writing a spiritual autobiography. The instructions included the importance of writing about the positive as well as the negative events in our lives. The instruction included examples of how writing helps one face and release negative or traumatic events, places, or individuals that may have left Participant-VI with years of dealing with stress from the situation. The instructor

gave examples of how and what to write in a journal. There was a discussion regarding the importance of writing as a tool for self-expression and reflection.

The researcher reminded the participants to fill out the evaluation for the final component of the educational curriculum. The registrar and researcher collected the questionnaire packets and quickly looked them over to be sure the participants properly filled them out. In some instances, the participants had to review the packets for corrections.

Vessels of Strength Retreat Closing Process

Instructors passed out additional literature requested by the participants. The researcher thanked everyone for their participation and gave closing remarks. In preparation for the benediction, everyone formed a circle and joined hands. The devotion leader led the group with a closing song. The researcher gave an invitation to discipleship and brought closure to the retreat with a prayer. The retreat represented a place of rest, reflection, and restoration. The researcher received calls and written correspondence that confirm how well the participants received the retreat.

Personal Theological Reflection

Two phenomena have plagued humankind since the beginning of time. The first is sin. The theological definition of sin given by author Donald K. McKim reads as,

Various Hebrew and Greek words are translated 'sin' with many shades of meaning. Theologically, sin is the human condition of separation from God that arises from opposition to God's purposes.

It may be breaking God's law failing to do what God wills, or rebellion. It needs forgiveness by God.¹⁰

The question is how to understand why humankind sins by attacking one another with abuse and violence. The study reveals demographically there is no respect of gender, ethnicity, age, or marital status that prevents one from experiencing a journey with SA/DV or breast cancer. The human body is symbolically like a vessel of clay, which is

frail and weak, in the process of dying. We live under pressure, perplexity, persecution, and pain. This is part of human existence. Despite all these problems, we know Christ is alive and working through us. This gives us confidence to face life's threats and problems.¹¹

Paul reminds us in the scripture metaphorically that there is a treasure in God's vessel. The treasure is to have knowledge and wisdom of God. 2 Cor 4:6. The researcher's reflection basis is on the theological foundation for this focus in ministry. In summary, this would be to have the church equipped with curricula, sermons, teaching, and leadership available to empower an individual spiritually, nutritionally, physically, and emotionally.

The other phenomenon that has existed since the beginning of time is disease. The focus of this study was to look at the disease of breast cancer. The first medical documentation goes back to the Hippocratic corpus written around 460-370 B.C. and the works of Galen (129-199 A.D.) and others that followed. According to the following article, The Treatment of Cancer in Greek antiquity, the journal abstract reads as:

¹⁰Donald K. McKim, *Westminster Dictionary of Theological Terms*, (Westminster John Knox Press, Louisville, 1996), 260.

¹¹Robert L. Cate. and other editors. *New International Version Disciple's Study Bible*. (Holman Bible Publishers, Nashville, 1985). 1478.

Literary sources provide considerable information on the existence of various malignant tumours in the classical period. Based on a close reading of the ancient Greek medical treatises, this paper traces the history of the treatment for cancer by examining the theories of tumour formation, as they were codified by leading physicians of antiquity, together with the therapeutic methods they proposed in their writings. The discussion focuses on a series of medical texts beginning with the Hippocratic corpus (ca. 460-370B.C.) and the voluminous works of Galen (129-199 A.D.) and extends to medical handbooks (Oreibasios, Aetios of Amida. Paul of Aegina) composed in subsequent centuries up to the end of the ancient world (VII c A.D.).¹²

The researcher reflects on the scripture “The Lord God formed the man from the dust of the ground and breathed into his nostrils the breath of life, and the man became a living being.” Genesis 2:7. The human body was created from the dust of the ground. The dust of the ground is susceptible to affects of the environment that most likely can cause disease.

Regarding the researcher’s belief that the church should address the issue of sexual abuse/domestic violence, others have proposed this idea. Rod Buxton is on the faculty at Providence Theological Seminary. His background is counseling and teaching in the fields of domestic violence, addictions, micro skills training, and couple communication. In 1999, Buxton explored the lives of abused men and women and the role of the church in helping them.

The abused soon discover that the church is not a safe place to talk about problems of domestic violence. Physical and emotional violence that happen in the family are a taboo subject, as are incest, and other sexual offences. Abused people find their way to the

¹²Abstract [http://www.ejcancer.info/article/S0959-8049\(04\)00416-2/abstract](http://www.ejcancer.info/article/S0959-8049(04)00416-2/abstract) [accessed September 29 2008 10:51].

door of the sanctuary looking for a safe place, but how safe is the church for them?"¹³

Buxton addresses the "Winnipeg Family Court Statistics, 1992-1997." In an earlier study he asked, "Is there a place of the Church to be involved in this ever-increasingly litany of abuses human beings continue to perpetuate against one another?"¹⁴ Buxton became encouraged by Isaac Block's study that revealed there was enough data to study, based on the Mennonite Church community in Winnipeg on abuse.¹⁵ Buxton's case study took place at the Grant Memorial Baptist Church in Winnipeg, Manitoba, and addressed two questions, ". . . the first, the issue of awareness of domestic abuse and the second, readiness of the church to face the problem."¹⁶

Buxton reported that the pastoral staff would support having someone else to teach classes and investigate the high number of abuse and violence in the church. The pastoral staff was too busy to take this on their own, even though two studies discovered high numbers of abuse and violence within the church. Buxton comments on the results of the survey with the following:

The pastoral leaders do not want to 'open a can of worms,' and the victims who are most likely to talk will not get the support of the non-abused members in the church. If the class is an indication of what will result if women begin to talk about the problem, then it is

¹³Rod Buxton, Domestic Violence in the Church: "There is an Elephant in The Sanctuary and No-One is Talking About It." The Results of A Manitoba Survey" The Journal of Providence Theological Seminary, Vol. 12 No. 1, (Fall 2000), p. 54.

¹⁴ Rod G. Buxton, "Developing and Evaluating A Program For The Church To respond To Domestic Abuse," D. Min. diss., Providence Theological Seminary, Otterburne Manitoba, 2000. 53.

¹⁵Rod Buxton, Domestic Violence in the Church: "There is an Elephant in the Sanctuary and No One is Talking About It." The Results of A Manitoba Survey" The journal of Providence Theological Seminary, vol. 12 No. 1, (fall 2000),p 55.

¹⁶Ibid., 55.

clear that an abused spouse would be at risk of further abuse from other members of the church.¹⁷

While sexual abuse/domestic violence might appear to be only a physical attack on the body, information gathered during the focus of ministry project demonstrated that is not the case. The educational curriculum is a recommendation to the church that we must open our ministries to not only spiritual health and wellness, but also incorporate nutrition, physical activity, and emotional reflection. The researcher reflects on the scripture that tells us of how Jesus grew with a balanced life. The scripture tells us in Lk 2:52, “And Jesus grew in wisdom and stature and in favor with God and men.” The researcher relates to this scripture as a paradigm for how we should grow.

Recommendations for Future Research

The researcher was surprised at the diversity of the study group. The “social composition”¹⁸ of the group revealed information that the researcher had not anticipated during the implementation of the focus in ministry project. Breast cancer is “the most common malignancy in women, and very rare among men, accounting for less than one percent of male cancers.”¹⁹ The group was demographically a representation of the context site in age, ethnicity, and surprisingly gender. The researcher welcomed the challenge and thought of the possibilities of the study being broadened to specifically reach out to males. The expansion of this project in the future could examine the social

¹⁷Ibid., 75.

¹⁸Nancy T. Ammerman, Jackson W. Carroll, Carl S. Dudley, Nancy L. Eiesland, William McKinney, Robert L. Schreiter, Scott L. Thumma, and R. Stephen Warner. *Studying Congregations A New Handbook*. (Abingdon Press, Nashville. 1998), 200.

¹⁹Susan M. Love, M.D., Dr., with Karen Lindsey, Marcia Williams Illustrations, Susan Love's Breast Book, (Perseus Publishing third edition , Cambridge, 2000), 414.

behavioral impact of breast cancer in African American males, especially since breast cancer references are mainly towards women. Additional studies could examine the availability of support groups for men and if men would attend them. The researcher could also see the development of a study to evaluate their relationship with God and the church.

The audience for the study originally was the African American female community. This is because of their health, communal, disparities, and higher death rate after receiving a diagnosis of breast cancer. African American women also have a high death rate due to sexual abuse/domestic violence. The report for this ministry focus documented not only African American female participants, but also included were one each of Caucasian and Asian American females. The current study could be extended to include women from other ethnic groups.

The researcher anticipates this ministry focus could easily manifest into a community outreach project as well as expansion of the spirituality components into a stress management curriculum. The researcher's recommendation of an educational curriculum could expand into developing a user manual on how to set up training.

APPENDIX A
RESEARCH CONSENT LETTER

RESEARCH CONSENT LETTER

United Theological Seminary
4501 Denlinger Road
Trotwood, OH 45426

April 28, 2009

Dear Friend,

I am a doctoral candidate in the United Theological Seminary of Dayton, Ohio. I would like to invite you to participate in a research project about post traumatic stress in relation to breast cancer and the role of the church. I am interested in examining the effects that long term traumatic stress has on the body and explore the idea that long term stress could most likely cause or be linked to breast cancer. I am interested in exploring how effective the church is in providing help to women that suffer in silence from traumatic events in their lives and not having viable options available to them in the church.

Your participation will include attending a four and half hour wellness retreat and filling out a questionnaire before and after the retreat. If you have had breast cancer, I am requesting a copy of your biopsy report or any information regarding the tumor that indicates the growth pattern. I would also like to have an audio taped interview with you that can be arranged at another time.

I will protect you from any possibility of someone determining who you are by using a pseudonym for your name. I will give you a hard copy of the transcript of your interview. You will be able to make any changes you want. You will have the right to withdraw from the study any time up until July 1, 2009. At that point, I will be in the final stages of the writing process and will not be able to remove quotations from the document.

This study will be shared with my dissertation committee and other appropriate members of the United Theological Seminary. The dissertation that results from this work will be published in hard copy and microfiche, which will be housed at the Seminary's Library on campus.

I appreciate your giving time to this study, which will help me learn more about the effect of Post Traumatic Stress in Relation to Breast Cancer and the Role of the Church. If you have any questions, please feel free to call me at 916.334.7379.
Thank you,

Gloria A. Williams

Please sign below if you are willing to participate in the dissertation research project outlined above.

Signature _____

Print name _____

Date _____

APPENDIX B
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

**UNITED THEOLOGICAL SEMINARY
CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

Investigator's Name: Rev. Gloria A. Williams
Department/Telephone: (916) 334-7379

Study Title: Post Traumatic Stress in Relation to Breast Cancer and the Role of the Church

WHY IS THIS STUDY BEING DONE?

You are being asked to participate in a research study. In the study, we will explore the possible link between post-traumatic stress and breast cancer among women and men. We also will gather information intended to identify a role for the church in terms of responding to the physical and emotional needs of women and men faced with the task of coping with stressful life events.

WHAT WILL HAPPEN IF I TAKE PART IN THIS STUDY AND HOW MANY PEOPLE WILL PARTICIPATE?

If you decide to volunteer, you will be asked to complete a questionnaire that details your personal experience with breast cancer, including such information as diagnosis, date of diagnosis, treatment plan, and time since treatment. You also will be asked to provide information about events you may have experienced during your lifetime. Additionally, you will be asked to participate in four educational presentations about health and wellness topics including nutrition, physical fitness, self-expression, and spirituality. Each presentation will last approximately 45 minutes. Immediately after each presentation, you will be asked to respond to questions about the material presented during the presentation. Several rest breaks will be provided during the study. The total estimated time to participate in the study is 4.5 to 5 hours.

WHAT RISKS CAN I EXPECT FROM BEING IN THIS STUDY?

There is minimal risk to participating in this study aside from the possible discomfort felt by recounting the experience of receiving a diagnosis of breast cancer and its subsequent treatment. There is a slight risk of muscle soreness or discomfort as a result of performing the exercises that will be demonstrated during the presentation on physical fitness.

ARE THERE BENEFITS TO TAKING PART IN THIS STUDY?

It is possible that you will not benefit directly by participating in this study. However, the educational information presented during the study may benefit your overall health and well-being.

WILL MY INFORMATION BE KEPT PRIVATE?

Data yielded by your participation in this study will be kept confidential. We will protect your records so that your name, address, and phone number will be kept private and your personal information will not be made public in the reporting of data gathered during the study.

WILL I BE COMPENSATED FOR BEING IN THIS STUDY?

There will not be a monetary compensation for your participation in this study.

WHAT ARE THE COSTS OF TAKING PART IN THIS STUDY?

There is no cost to you beyond the time and effort required to complete the procedure(s) described above.

CAN I STOP BEING IN THIS STUDY?

You may refuse to participate in this study. You may change your mind about being in the study and quit after the study has started.

The research investigator may withdraw you from participating in this research if circumstances arise which warrant doing so even if you would like to continue.

WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?

If you have any questions about this research project please contact Rev. Gloria A. Williams who will answer them at (916) 334-7379.

If you have any questions regarding your rights and participation as a research subject, please contact the Quality Control Administration at United Theological Seminary, 4501 Denlinger Road, Trotwood, Ohio 45426. The telephone number is (936) 529-2201. Ask for Doctoral Studies, Janice Kronour.

My (participant) signature below will indicate that I have decided to participate in this study as a research subject. I have read and understand

the information above. I understand that I will be given a signed and dated copy of this consent form.

Attempting to perform the exercises demonstrated during the presentation on physical fitness involves the risk of injury. The risks vary from one activity to another. My signature on this consent form indicates I understand and voluntarily accept this risk and agree that Gloria A. Williams, United Theological Seminary, or anyone directly or indirectly involved in presenting the information on physical fitness will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, or any damage that might occur.

Signature of Subject or Legal Representative

Date

Print Name

Time

Signature of Person Obtaining Consent

Date

Print Name of Person Obtaining Consent

Time

APPENDIX C
DEMOGRAPHIC DATA RETRIEVAL INSTRUMENTS

VESSELS OF STRENGTH RETREAT Code: _____

“But we have this treasure in earthen vessels, that the excellence of the power may be of God and not of us.” Nkjr 2Cor. 4:7

**UNITED THEOLOGICAL SEMINARY
TROTWOOD, OH 45426**

A Research Study Project

AUGUST 15, 2009

Questionnaire: Table of Contents

1.	Demographics – (questions: 1-5)	Page 3
2.	Stress Relief Method – (question: 6)	Page 4
3.	Post Traumatic Stress Disorders listing – (questions: 1-40)	Page 5
4.	Role of Church/Faith Based Institutions – (questions: 41-49)	Page 9
5.	Breast Cancer Information – (questions: 50-59)	Page 10
6.	Educational Curriculum: Questionnaires	Page 12
7.	First Reconciliation then Forgiveness	Page 13
8.	Body and Soul: Healthy Eating	Page 14
9.	Exercise to Stay Healthy	Page 15
10.	Something to Say and Writing It	Page 16

Demographics

(Please, answer the questions listed below)

1. What is your age? _____
2. What is gender? _____
3. Marital status:
 - ☐ Married
 - ☐ Single
 - ☐ Divorced
 - ☐ Separated
 - ☐ Widowed
 - ☐ Lives with Significant Other
4. What is your ethnicity?
 - ☐ African American
 - ☐ African
 - ☐ Hispanic
 - ☐ Asian
 - ☐ Caucasian
 - ☐ Other: _____
5. Do you attend a church or faith institution?
 - ☐ Do you attend?
 - ☐ Do not attend?

STRESS RELEASE METHOD

6. Listed below are (14) possible ways to release stress, for each item, please indicate, whether you used it as a stress release mechanism. In the column: "level of importance" put a (1), if you used that method or put a (2), if you did not use that method.

Stress Release Method	Level of importance
Alcohol	
Exercise	
Sleep	
Drugs	
Sex	
Peer relationship	
Family relationships	
Entertainment	
Weekend trips	
Therapy	
Meditation	
Prayer	
Eating	
Other? (specify)	

Potentially Traumatic Events/Stressors¹

Listed below are instructions for marking any past traumatic life events, prior to your diagnoses with Breast Cancer. To answer the questions below, please check either YES or NO after each item. For each item marked YES, please rate the amount of stress you experience for that item, prior to your diagnosis with Breast Cancer. Use a scale from 1-100.

For example, if you have participated in combat/war, while enlisted in the military and felt that it required little adjustment in your life and you do not spend any significant time thinking about it or adjusting you would write a low number in the blank. If you spent at lot of time thinking about it, you would write a higher number in the blank.

Example:

You would rate this 90 if it were a particularly stressful event for you.

<i>Events</i>	<i>YES</i>	<i>NO</i>	<i>Amount of Stress you experiences Actual</i>	
<i>Have you enlisted in the military and fought in combat prior to being diagnosed with Breast Cancer?</i>	✓		90	
<i>Stressful Event</i>	<i>Yes</i>	<i>No</i>	<i>Stress Level</i>	

¹Glenn R. Schiraldi, Ph.D. The Post Traumatic Stress Disorder Sourcebook,. Table 1.1 Potentially Traumatic Events/Stressors.

			<i>Experienced</i>
1. Sexual: incest			
2. Rape			
3. Forced nudity			
4. Witnessed exhibitionism			
5. Forced to look at pornography			
6. Forced inappropriate touching/fondling or kissing			
7. Physical: Beating			
8. Kicking			
9. Battering			
10. Choking			
11. Being tied up			
12. Being stalked			
13. Forced to eat/work			
14. Threatened with a weapon			
15. Experienced elder abuse (by your own children)			
16. Emotional: forced into Isolation			
17. Threatened to leave/be abandoned			
18. Threats to be cheated on			
19. Bullying			
20. Called degrading names			
21. Subjected to economic neglect			

22. The abuser minimized or denied the abuse			
23. Had power or control taken from you			
24. Had your property destroyed			
25. Witnessed torturing of pets			
26. Subjected to neglect (left alone or abandoned)			
27. Have not been fed or allowed to bathe. ²			
28. Tortured. (The worst form of torture is sexual because it combines physical, emotional and spiritual cruelty)			
29. Family violence (shooting, knifing,etc.)			
30. Assaulted			
31. Witnessed a violent crime			
32. Robbed			
33. Mugged			
34. Battery			
35. Sudden life-threatening illness before Breast Cancer			
36. Sudden death of close family member			
37. Death threat			
38. Disaster (fire, flood, hurricane, etc.)			
39. Witnessed death of another (suicide, homicide, etc.)			
40. Other			

²Stress Resource Book

Role of Church/Faith Based Institutions <i>During the time your experienced any of the above events in your life did you:</i>	Yes	No
41. Pray or relate to a higher power		
42. Seek Pastoral or faith organization counseling;		
43. Confide in a church or faith institution leader;		
44. Talk with a friend from church or a faith institution?		
45. Hear a sermon or message that gave you solace?		
46. Experience praise or worship that gave you solace?		
47. Participate in a program at your church or faith based institution that helped you deal with the event?		
48. Receive professional help or counseling?		
49. If none of the above was available, at your church or faith based institution did they refer you to outside help?		

Breast Cancer Information		Yes	No
50. How soon after experiencing any of the events indicated in questions 1-40, were you diagnosed with Breast Cancer?			
1 – 10 years			
11- 20 years			
21-30 years			
Other? _____			
51. Was the tumor type:			
Triple negative (ER, PR, Her-2Neu negative)			
I do not know			
Other? _____			
52. Describe the staging of the tumor			
Stage 1			
Stage 2			
Stage 3			
Stage 4			
Pre-cancer cells			
I do not know			
53. Was the tumor:			
Invasive (the cancer grew beyond the original site)			
Contained (the cancer did not grow beyond the original site)			
54. Did the tumor metastasize? (the cancer spread to another organ)			
55. Did the original tumor return (same type of cancer cells)?			
56. Are you genetically predisposed to breast cancer?			

57. Did you undergo genetic testing?		
58. If so, what were the results?		
59. Has any other family member(s) experienced cancer?		

Educational Curriculum:

Questionnaires

VESSELS OF STRENGTH

Code: _____

Session: First Reconciliation, then Forgiveness

1. Was the material presented during this session . . . ? (Please check one.)

- _____ entirely new information
_____ somewhat new information
_____ somewhat old information
_____ entirely old information

2. What was the lesson of the story?

3. Would the information about reconciliation and forgiveness be helpful for someone dealing with a stressful event? Yes _____ No _____

If "yes", why? _____

If "no", why not? _____

4. Are you currently angry with someone? Yes _____ No _____

5. Other comments:

VESSELS OF STRENGTH

Code: _____

Session: Body and Soul – Healthy Eating

1. Was the material presented during this session . . . ? (Please check one.)

- ☐ entirely new information
☐ somewhat new information
☐ somewhat old information
☐ entirely old information

2. What was the main point of the information about healthy eating?

3. Would the information about healthy eating be helpful for someone dealing with a stressful event? Yes _____ No _____

If "yes", why? _____
_____If "no", why not? _____

4. In general, do you "eat healthy" on a regular basis? Yes _____ No _____

If "yes", when did you start to "eat healthy"? _____

5. Other comments:

VESSELS OF STRENGTH

Code: _____

Session: Exercise to Stay Healthy

1. Was the material presented during this session . . . ? (Please check one.)

- ☐ entirely new information
☐ somewhat new information
☐ somewhat old information
☐ entirely old information

2. What was the main point of the information about exercise?

3. Would the information about exercise be helpful to someone dealing with a stressful event? Yes _____ No _____

If "yes", why? _____
_____If "no", why not? _____

4. Currently, do you exercise on a regular basis? Yes _____ No _____

If "yes", how often do you exercise? (Please check one.)

- ☐ several times a month
☐ once a week
☐ several times a week
☐ at least 4 days a week
☐ every day

When did you start to exercise on a regular basis? _____
_____5. Other comments:

VESSELS OF STRENGTH

Code: _____

Session: Something to Say and Writing It

1. Was the material presented during this session . . . ? (Please check one.)
- _____ entirely new information
 - _____ somewhat new information
 - _____ somewhat old information
 - _____ entirely old information

2. What was the main point of the information on self-expression?

3. Would the information about self-expression be helpful for someone dealing with a stressful event? Yes _____ No _____

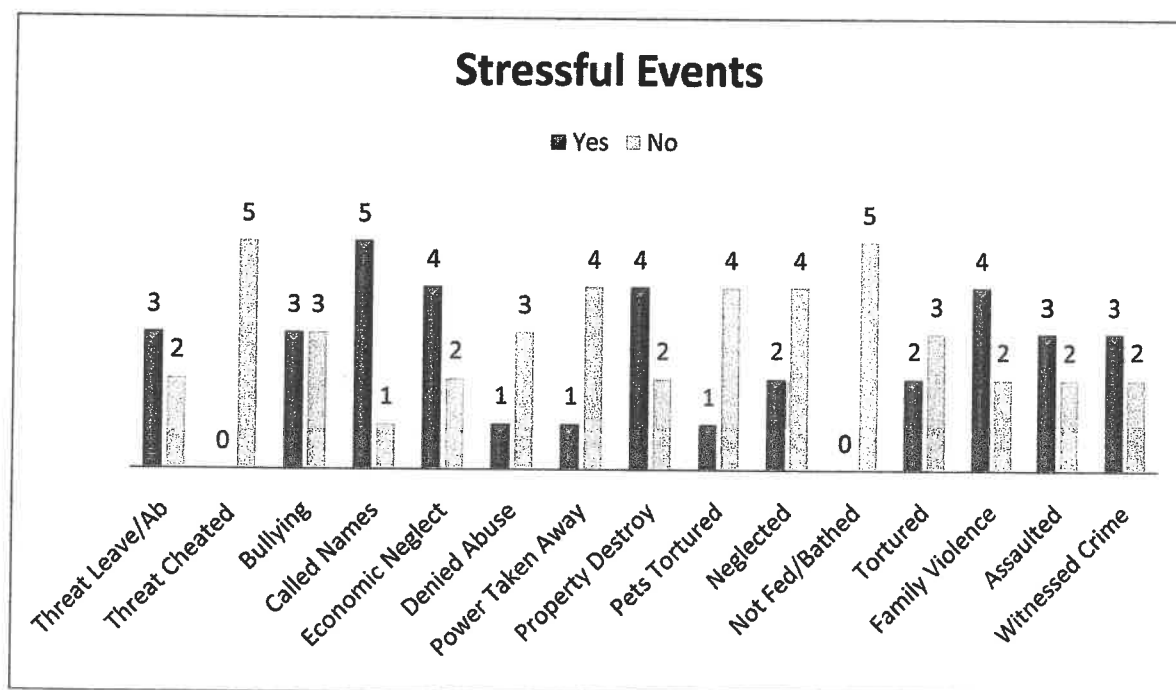
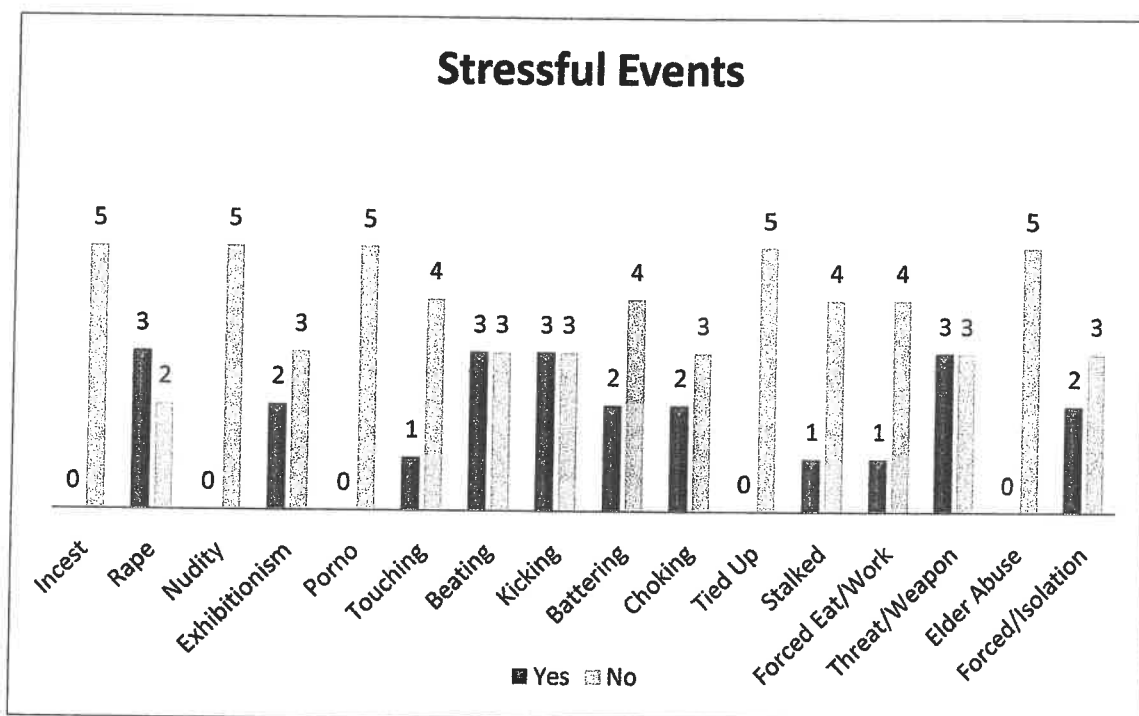
If "yes", why? _____

If "no", why not? _____

4. Currently, do you journal or write in a diary/blog? Yes _____ No _____

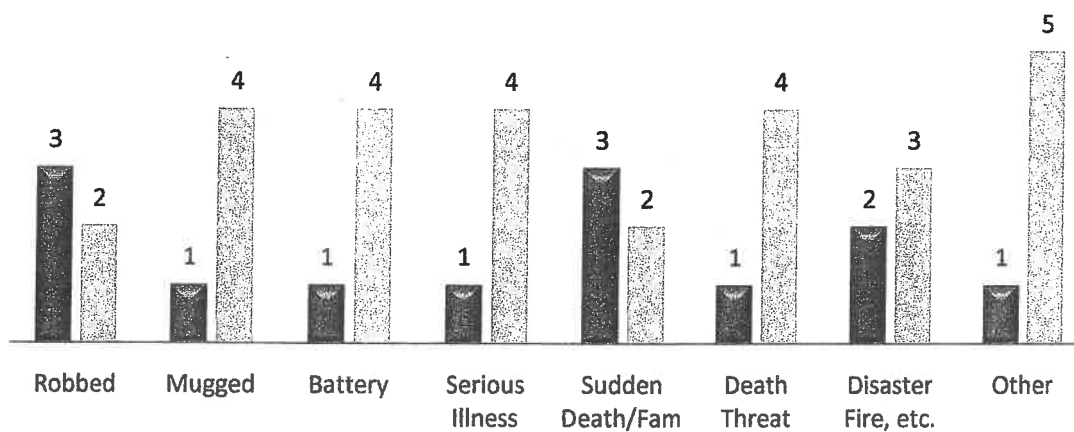
5. Other comments:

APPENDIX D
GRAPHS AND ILLUSTRATIONS



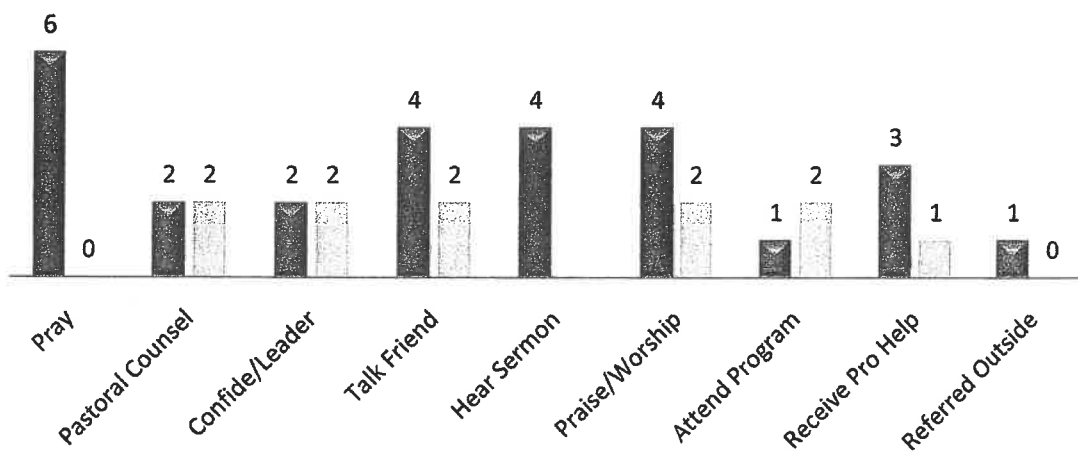
Stressful Events

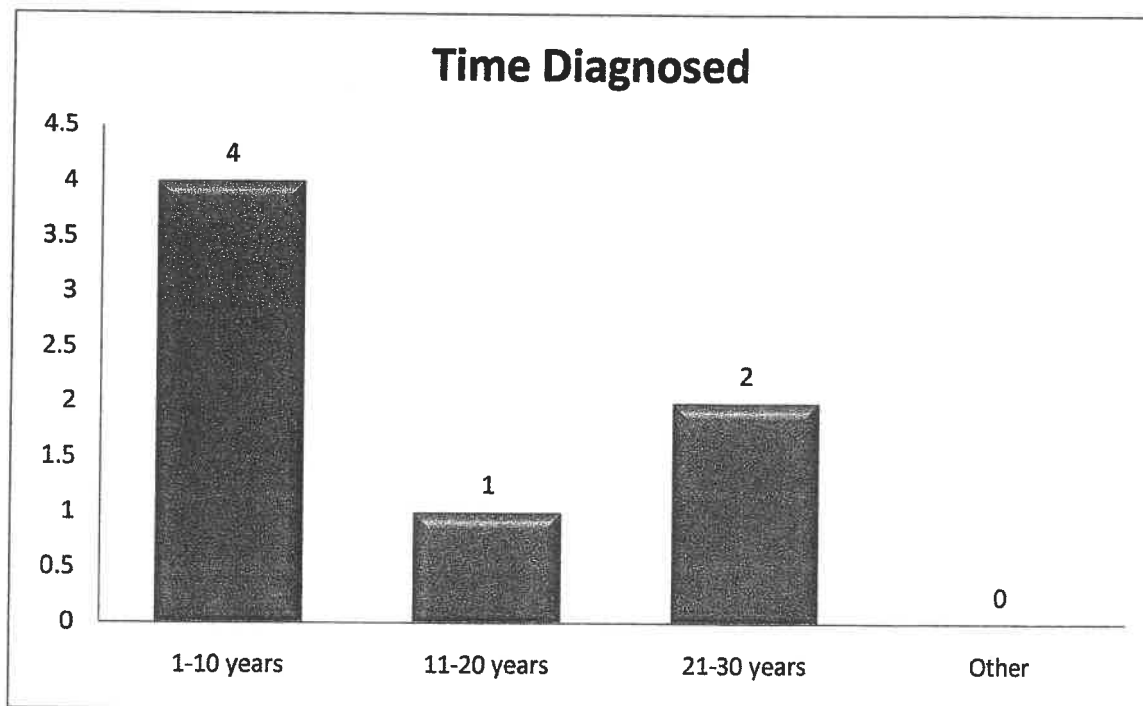
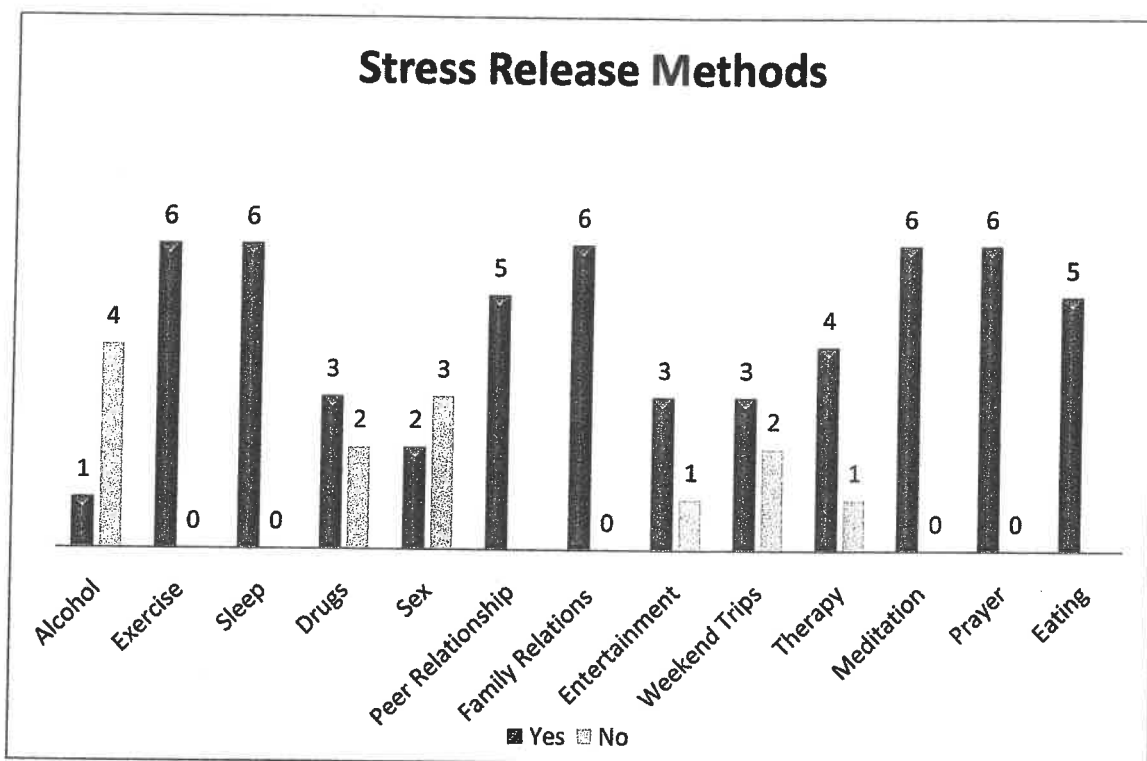
■ Yes □ No

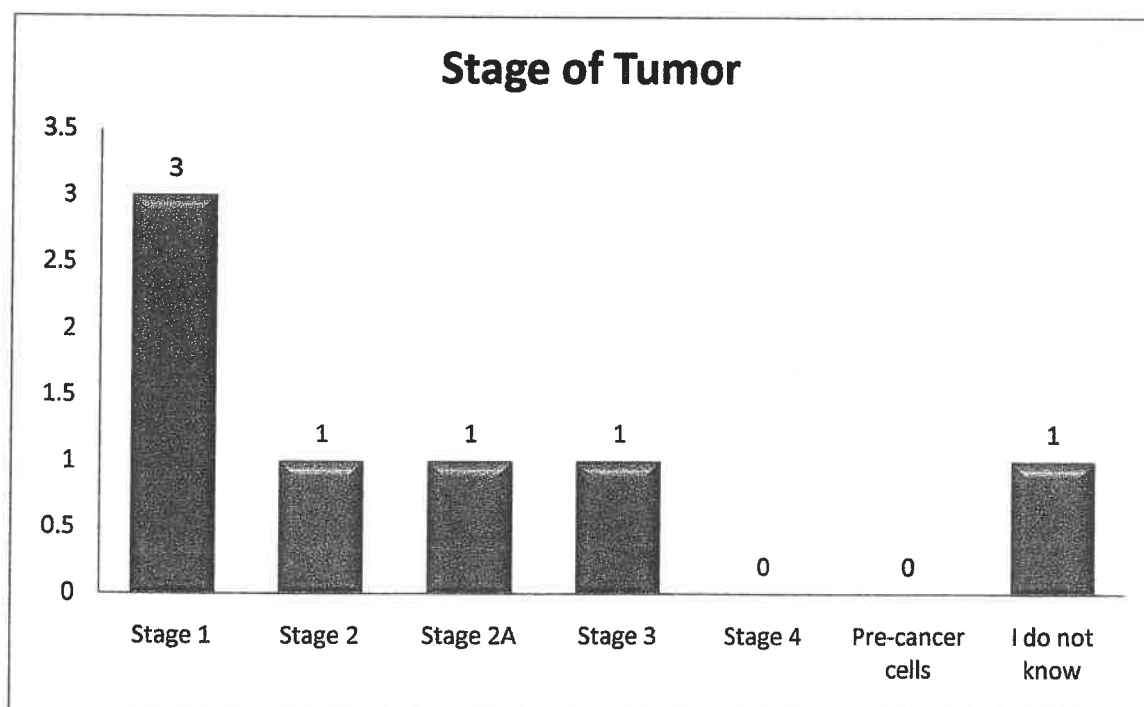
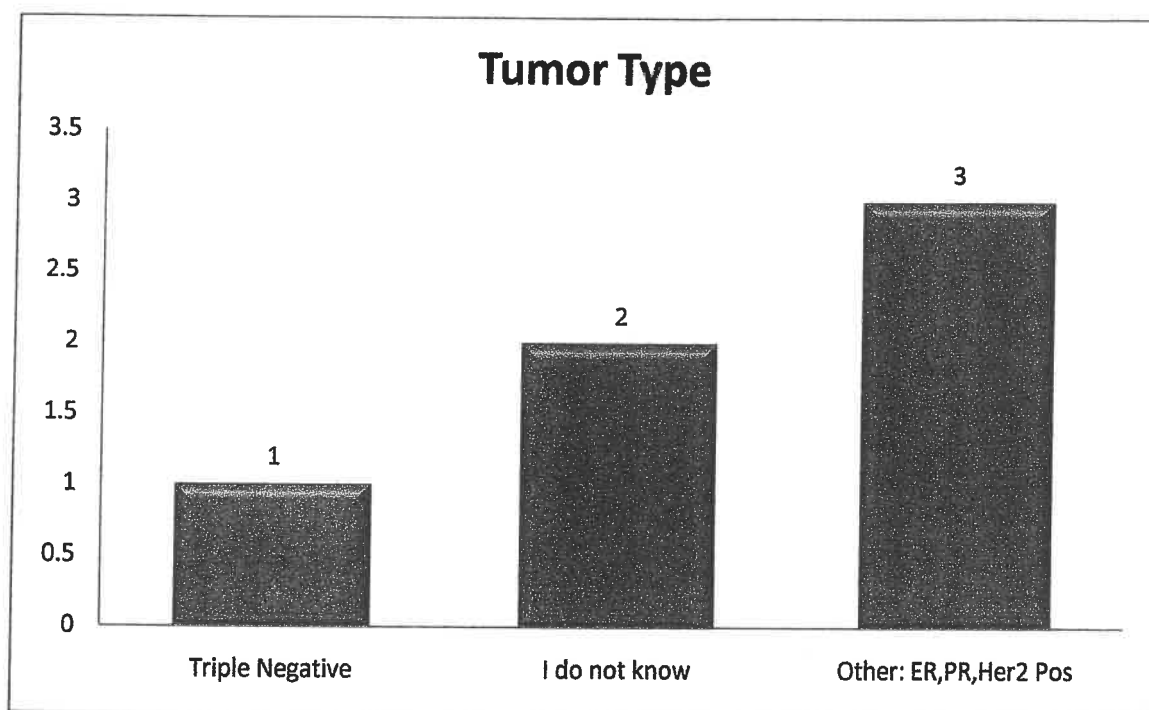


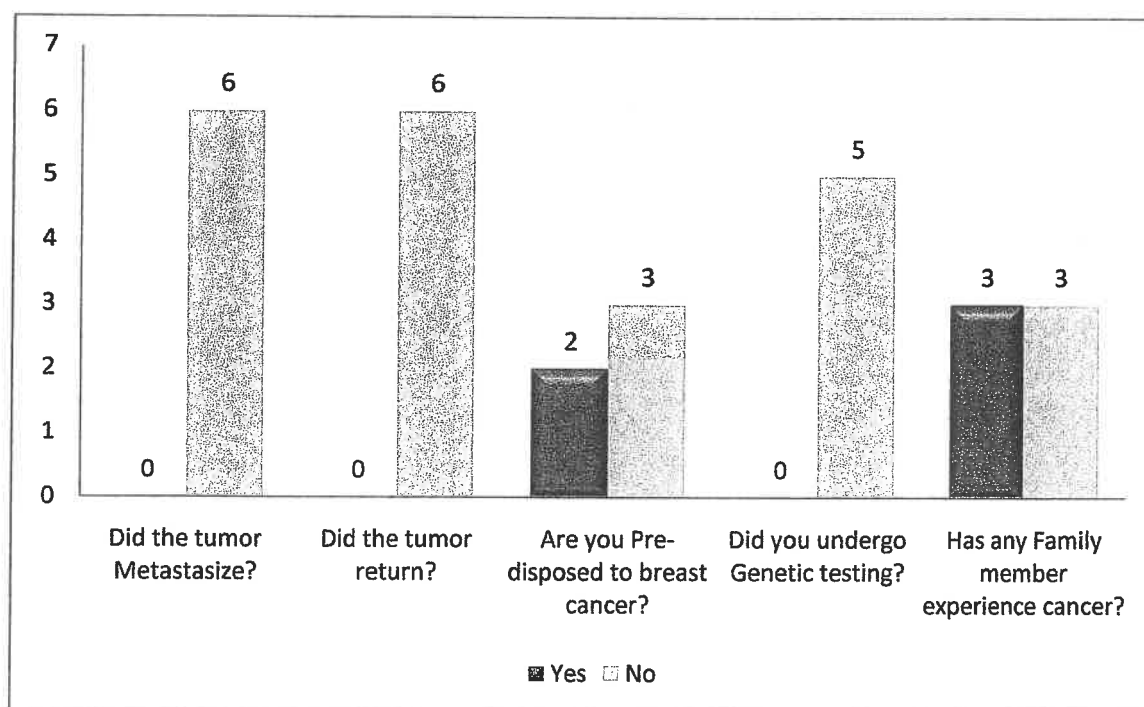
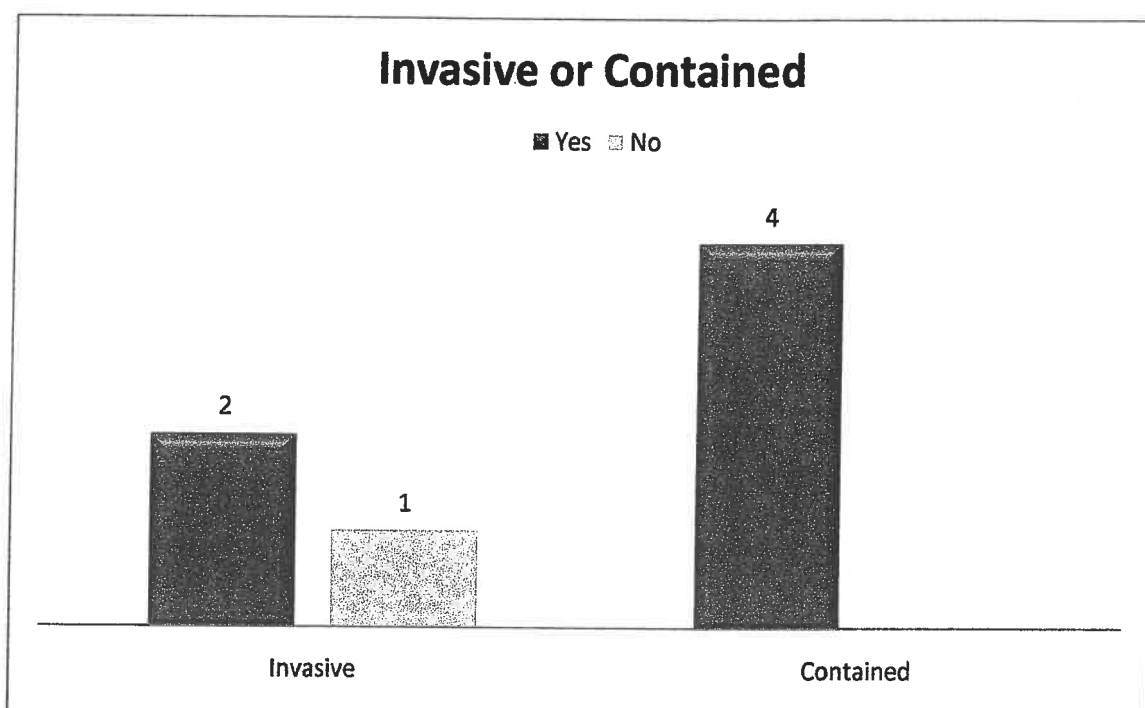
Role of the Church

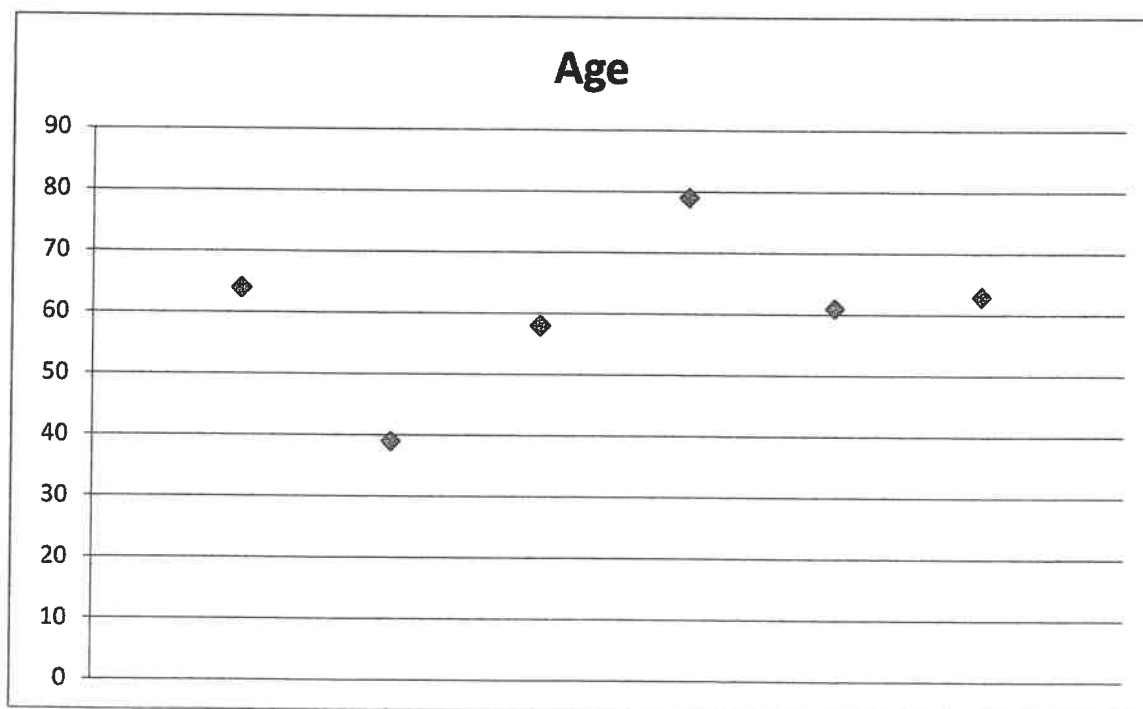
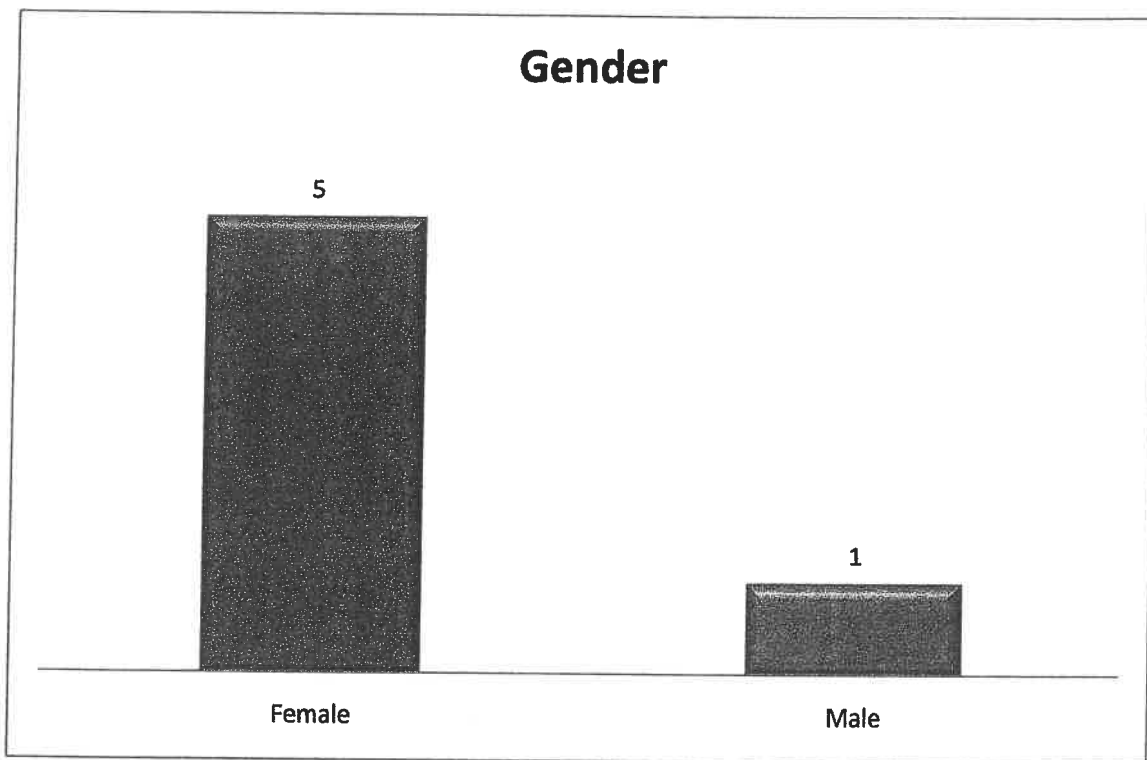
■ Yes □ No

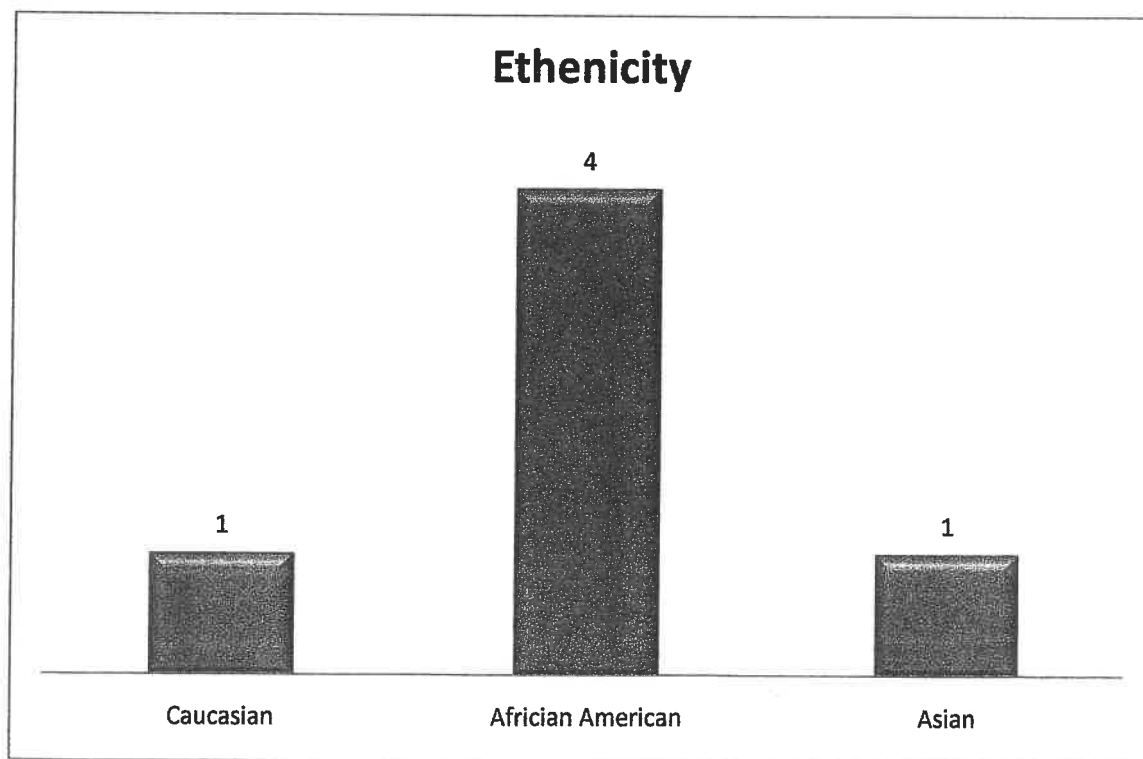
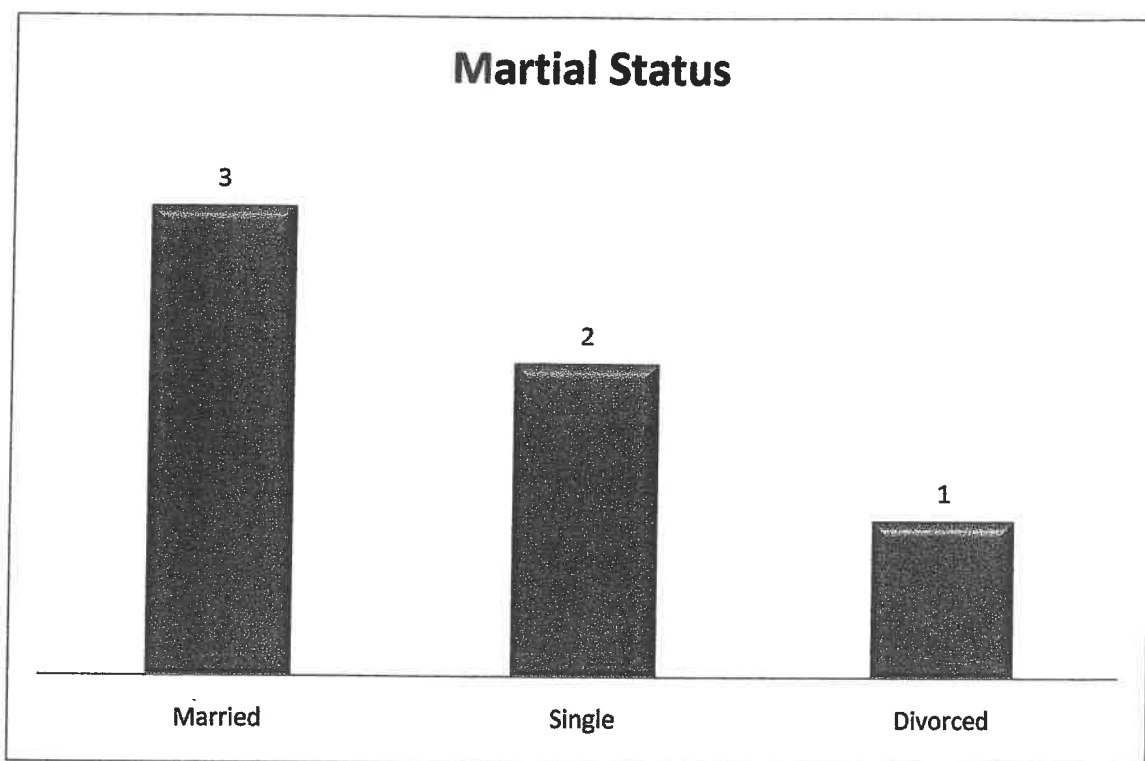


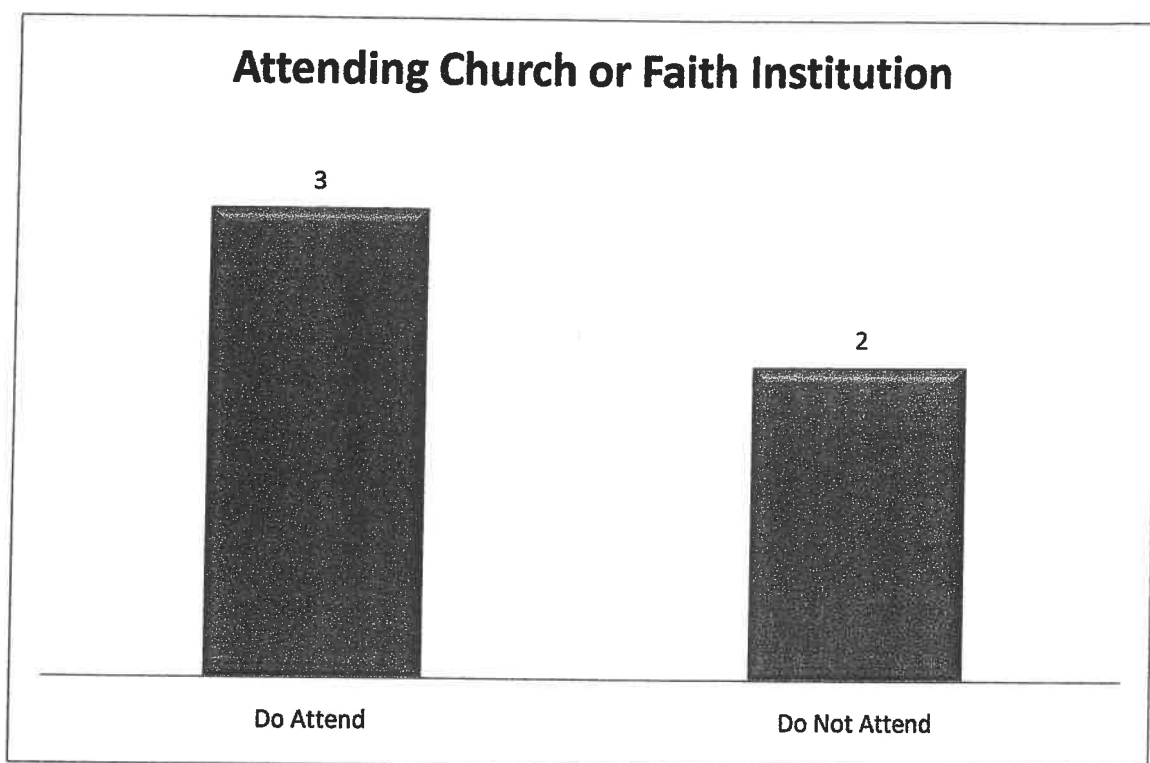












BIBLIOGRAPHY

- American Cancer Society, *History, Origin of Cancer*, http://www.cancer.org/docroot/CRI/content/CRI_2_6x_the_history_of_cancer_72.asp. [accessed November 24, 2008].
- Ammerman, Nancy T., Jackson W Carroll, Carl S. Dudley, William McKinney, Robert L. Schreiter, Scott L. Thumma, and R. Stephen Warner. *Studying Congregations: A New Handbook*. Nashville, TN: Abingdon Press, 1998.
- Barnett, Paul. *The Message of 2Corinthians: Power in Weakness*, ed. John R. W. Stott. Illinois: Inter-Varsity Press, 1988.
- Bennett, Sir Risdon, M.D., LL.D., F.R.S., *The Diseases of the Bible 2nd rev., By Paths of Bible Knowledge ix*, Oxford University: England, 1891.
- Blount, Brian K., gen. ed., Cain Hope Felder, Clarice J. Martin, and Emerson B. Powery, Assc. Ed., *True to Our Native Land: An African American New Testament Commentary*. Minneapolis: Fortress Press, 2007.
- Bobbie, Earl. *The Practice of Social Research*, Seventh Edition. Belmont, CA: Wadsworth, 1995.
- Bodai, Ernie M.D. F.A.C.S. and Richard A. Zmuda. *I Flunked My Mammogram!: What you need to know about breast cancer Now!* Severna Park, MD: B2Z Publishing, Inc., 2001.
- Body and Soul. <http://www.bodyandsoul.nih.gov/what.shtml> [accessed January 6, 2010]
- Booth, Wayne C., Gregory G. Colomb, and Joseph M. Williams. *The Craft of Research*. Chicago: University of Chicago Press, 1995.
- Brueggemann, Walter. *The Message of the Psalms: A Theological Commentary*, Minneapolis: Augsburg Publication House, 1984.
- Buxton, Rod G. *Developing and Evaluating A Program For The Church To respond To Domestic Abuse*, D. Min. diss., Providence Theological Seminary, Otterburne: Manitoba, 2000.
- Buxton, Rod. *Domestic Violence in the Church: There is an Elephant in the Sanctuary and No One is Talking About It*. The Results of A Manitoba Survey” The journal of Providence Theological Seminary, vol. 12 No. 1, (fall 2000).
- Cate, Robert L. and other editors. *New International Version Disciple's Study Bible*. Nashville: Holman Bible Publishers, 1985.

- Cheshire, Barbara, *The Best Dissertation is ...A Finished Dissertation*, Portland, OR:National Book Co., 1993.
- Classen, Catherine, C., Oxana Gronskaya Palesh, Courtenay E. Cavanaugh, Cheryl Koopman, Jennifer W. Kaupp, Helena C. Kraemer, Rashi Aggarwal, David Spiegel, PI. *Journal of Traumatic Stress: Group Therapy for Survivors of Childhood Sexual Abuse at Risk for HIV Infection: A Randomized Control Trial*. (John Wiley and Sons, 2004.
- Clinebell, Howard, *Basic Types of Pastoral Care & Counseling: Resources for the Ministry of Healing and Growth*. rev. and enlarged. Nashville: Abingdon Press, 1984.
- Cone, James H. *A Black Theology of Liberation*. Philadelphia: J.P. Lippincott, 1970.
- Cranton, Patricia. *Professional Development as Transformative Learning: New Perspectives for Teachers of Adults*. San Francisco, CA: Jossey-Bass A Wiley Company, 1996.
- Crawford, A. Elaine Brown, *Hope in the Holler: A Womanist Theology*, Louisville: Westminster John Knox Press, 2002.
- Creswell, John W. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* 2nd ed. Thousand Oaks: Sage Publications, 2003.
- Davies, Richard E. *Hand book for Doctor of Ministry Projects: An Approach to Structured Observation of Ministry*. Landham, MD: University Press of America. 1984.
- Dow, Karen Hassey PHD., RN. FAAN., *Contemporary Issues in Breast Cancer: A Nursing Perspective* 2nd ed., Sudbury, MA: Jones and Bartlett Publishers, 2004.
- Elwell, Walter A. *Bakers Evangelical Dictionary of Biblical Theology*.
<http://bible.crosswalk.com/Dictionaries/BakersEvangelicalDictionary/bed.cgi>
 [accessed December 12, 2008].
- Felder, Cain Hope. *Troubling Biblical Waters: Race, Class, and Family, The Bishop Henry McNeal Turner Studies in North American Black Religion*, vol. III, Maryknoll: Orbis Books, 8th Printing, 1991.

- Faith Fellowship Community Church, Mission Statement. <http://www.faithfellowshiplive.com/?q=node/21> [accessed February 10, 201, Family Violence Prevention Fund (FVPF), Jacquelyn Campbell, Chair, [http://209.85.141.104/search?q=cache:_GcbYMj8qbUJ:endabuse.org/resources/facts/Domestic Violence.pdf+what+are+ the+statistics +of+ domestic+violence&hl=en&ct=clnk&cd=2&gl=us](http://209.85.141.104/search?q=cache:_GcbYMj8qbUJ:endabuse.org/resources/facts/Domestic+Violence.pdf+what+are+the+statistics+of+domestic+violence&hl=en&ct=clnk&cd=2&gl=us) [accessed July 16, 2008].
- Fortune, Marie M. *Sexual Violence: The Sin Revisited*. Cleveland, OH: The Pilgrim Press, 2005.
- Fowler, James W. *Stages of Faith: The Psychology of Human Development and the Quest for Meaning*. New York, NY: Harper San Francisco, a Division of HarperCollins Publishers, 1981.
- Freire, Paulo and Ira Shor. *A Pedagogy of the Oppressed*. New York: Continuum, 1989.
- Geffen, Jeremy R., MD. *The Journey Through Cancer: Healing and Transforming the Whole Person A Comprehensive Guide by a Leading Pioneer in Integrative Medicine and Oncology*. revised and updated. New York: Three Rivers Press, 2006.
- Grant, Jacquelyn, *White Women's Christ and Black Women's Jesus: Feminist Christology And Womanist Response no. 64, American Academy of Religion Academy Series*, edited by Susan Thistlethwaite, Atlanta: Scholars Press, 1989.
- Green wood, Davydd J. and Morten Levin, *Introduction to Action Research: Social Research for Social Change*. Thousand Oaks: Sage Publications, 1998.
- Hacker, Diana. *A Writers Reference 3rd ed*. Boston: Bedford Books, 1995.
- Harding, Anne. *Stress May Raise Breast Cancer Risk in Young Women*. New York: Reuter's Health, August 08, 2008, Source, BMC Cancer: August 21, 2008. <http://www.reuters.com/article/email/idUSCOL86917620080828?sp=true> [August 28, 2009].
- Hay, Louise L. *You Can Heal Your Life*. Carlsbad, CA. and Sydney Australia: Hay House, Inc.1987.
- Health Belief Model: How the Health Belief Model was Developed*. <http://www.etr.org/recapp/theories/hbm/HowDeveloped.htm> [accessed January 5, 2009].
- Hess, Lisa M. *Artisanal Theology: Intentional Formation in Radically Covenantal Companionship*. Eugene, OR: Cascade Books, 2009.

- Hollies, Linda H., *Inner Healing For Broken Vessels: A Domestic Violence Survival Guide*. Cleveland: Pilgrim Press, 2006.
- Hollies, Linda H., ed., *Womanistcare: How to Tend the Souls of Women 1st ed.* Vol. 1, Joliet, IL: Woman To Woman Ministries, Inc. Publications, 1991.
- Holmes, T. H. and R. H. Rahe. *Social Readjustment Rating Scale and self-reporting instrument*. Journal of Psychosomatic Research, 1967 vol.11.
- Horowitz, M., C. Schaefer, D. Hiroto, N. Wilner, and B. Levine. *Life Event Questionnaires for Measuring Presumptive Stress*. Psychosomatic Medicine, 39(6), 1977.
- Inbody, Tyron. *The Faith of the Christian Church: an Introduction to Theology*. Grand Rapids, MI: William B. Erdmans Pub., 2005.
- Jones, Laurie Beth. *The Path: Creating Your Mission Statement for Work and for Life*. New York: Hyperion, 1996.
- Justes, Emma J. *Hearing Beyond the Words: How to Become a Listening Pastor*. Nashville: Abingdon Press, 2006.
- Kornfeld, Margaret Zipse. *Cultivating Wholeness: A Guide to Care and Counseling in Faith Communities*. New York: Continuum, 2005.
- Krueger, Richard A. *Focus Groups: A Practical Guide for Applied Research*. Newbury Park, CA: Sage Publications, 1989.
- Lancia, Robert B. D.Min.. *Post-Traumatic Stress Disorder and Spirituality: The Role of the Chaplain in the Canadian Armed Forces Operational Trauma, Stress and Trauma Centres*. Dissertation. Dayton: United Theological Seminary, 2000.
- Lee, Barbara. *Renegade for Peace and Justice: Congresswoman Barbara Lee Speaks for Me*. Lanham, MD: Rowman & Littlefield Publishes, INC., 2008.
- Life Application Study Bible*. NIV. Wheaton, IL: Tyndle House Publishers, Inc.: 1991. all rights reserved: Grand Rapids, MI: Zondervan, 1991.
- Muskin, Fred Ph.D. *Forgive for Good: A Proven Prescription for Health and Happiness*. New York: HarperOne, 2002.
- MacGregor, Geddes. *Dictionary of Religion and Philosophy*. New York: Paragon House, 1991.

- Matthews, Terry Ph.D. *Lecture 26: A Black Theology of Liberation*. Winston-Salem: Wake Forest University, 1995. <http://www.wfu.edu/~matthetl/perspectives/twentyseven.html> [accessed December 09, 2008].
- Mann, Thomas. *A Oxford Guide to Library Research*, 3rd ed. New York: Oxford University Press, 2005.
- McIntyre, John S., M.D., Chair, Sara C. Charles, M.D. Vice-chair. *American Psychiatric Association Practice Guidelines: Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Posttraumatic Stress Disorder*. American Journal of Psychiatry: June 30, 2004 accepted July 16, 2004.
- McKenzie, Vashti Murphy. *Swapping Housewives: Rachel and Jacob and Leah*. Cleveland, OH: The Pilgrim Press, 2007.
- McKim, Donald K., *Westminster Dictionary of Theological Terms*, Louisville: Westminster John Knox Press, 1996.
- McNiff, Jean, Pamela Lomax, and Jack Whitehead. *You and Your Action Research Project* 2nd edition. New York: Routledgefalmer Taylor & Francis Group, 1996.
- Medical Dictionary, <http://dictionary.reference.com/browse/Epidemiologists> [accessed
- Meeks, Wayne A. *The First Urban Christians The Social World of the Apostle Paul*, 2nd edition. New Haven Yale University Press, 1983, 2003.
- Mezirow, Jack. *Transformative Dimensions of Adult Learning*. San Francisco: Jossey-Bass, 1991.
- Miles, Matthew B. and A. Michael Huberman. *Qualitative Data Analysis: An Expanded Sourcebook*. 2nd ed. Thousand Oaks: Sage Publications, 1994.
- Miller, William. *Your Golden shadow: Discovering and fulfilling your Underdeveloped Self*. New York: Harper & Row, 1989.
- Morgan, David L. *Focus Groups as Qualitative Research*. 2nd Edition. Thousand Oaks, CA: Sage Publications, 1997.
- Morgan, Richard L. *Remembering Your Story: Creating Your Own Spiritual Autobiography*. Nashville, TN.: Upper Room Books, 2002.
- Myers, William R. *Research in Ministry: A primer for the Doctor of Ministry Program*. Chicago, IL: Exploration Press, 2000.

- Nave, Guy 2 *Corinthians*, *True to our Native Land: An African American New Testament Commentary*, gen. ed. Brian K. Blount, ed. Cain Hope Felder, Clarice J. Martin, and Emerson B. Powery. Minneapolis: Fortress Press, 2007.
- Olson, James S. *Bathsheba's Breast: Women, Cancer & History*. Baltimore: Johns Hopkins University Press, 2002.
- Painter, Nell Irvin. *Sojourner Truth: A Life, A Symbol*. New York: W.W. Norton & Company, 1996.
- Park, Andrew Sung. *From Hurt to Healing: A Theology of the Wounded*. Nashville, TN: Abingdon Press, 2004.
- Peters, Ted. *Sin: Radical Evil in Soul and Society*. Grand Rapids: William B. Eerdmans Publishing Company, 1994.
- Phillips, Janice PHD, RN, FAAN and Eva Smith, PHD, RN. *African American Women and Breast Cancer*, in *Contemporary Issues in Breast Cancer: A Nursing Perspective 2nd ed.*, edited by Karen Hassey Dow PHD, RN, FAAN. Sudbury, MA: Jones and Bartlett Publishers, 2004.
- Pohly, Kenneth. *Transforming the Rough Places, the Ministry of Supervision*, Franklin, TN: Providence House Publishers House Publishers, 2001.
- Price, Betty R. *Through the Fire Through the Water: My Triumph Over Cancer*. Los Angeles, CA: Faith One Publishing, 1997.
- Proctor, Samuel DeWitt. *The Substance of Things Hoped For: A Memoir of African-American Faith*. Valley Forge, PA: Judson Press, 1995.
- Rennison, Callie Marie and Sarah Welchans. *Intimate Partner Violence*, U.S. Dep't of Just. NCJ 178247 (2000): available at <http://www.ojp.usdoj.gov/bjs/pub/ascii/ipv.txt>. [accessed November 20, 2008].
- Rennison, Callie Marie *Intimate Partner Violence and Age of Victim*. U.S. Dep't of Just. NCJ 187635, 1993-1999, at 4, (2001). <http://www.ojp.usdoj.gov/bjs/abstract/ipva99.htm>. [accessed November 20, 2008].
- Roetzel, Calvin J. *The Letters Of Paul: Conversations in Context* 4th ed. Louisville: Westminster John Knox Press, 1998.
- Rodrigues, Dawn. *The Research Paper and the World Wide Web*. Upper Saddle River, NJ: Prentice Hall, 1997.

- Ryken, Leland, James C. Wilhoit, and Tremper Longman III, General Editors, *Dictionary of Biblical Imagery*, Downers Grove, IL: Inter Varsity Press, 1998.
- Schiraldi, Glenn R., Ph.D. *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth 2nd ed.*, New York, NY: McGraw Hill, 2009.
- Smith, J. Alfred Sr., with Harry Louis Williams II. *On the Jericho Road: A Memoir of Racial Justice, Social Action and Prophetic Ministry*. Downers Grove, IL: Intervarsity Press, 2004.
- Spiegel, David, M.D. *Stanford School of Medicine: Center on Stress and Health*. <http://stresshealthcenter.stanford.edu/mission.html> [accessed July 07, 2008].
- Spiegel, David, M.D. *Stanford School of Medicine: Center on Stress and Health*. <http://stresshealthcenter.stanford.edu/research/projects.html> [accessed July 16, 2008].
- Stark, Rodney, *The Rise of Christianity: How the Obscure, Marginal Jesus Movement Became the Dominant Religious Force in the Western World in a Few Centuries*, San Francisco: Harper, 1996.
- Strong, James LL.D., S.T.D. *The New Strong's: Exhaustive Concordance of the Bible*. Nashville: Thomas Nelson Publishers, 1990.
- Sullivan, Christine, Julie Pellizzer, Sandy Pate, and Hilda Vega. *Implications of stress and the MSW Student Thesis*. Sacramento: California State University Sacramento, 1994.
- Tai, Ming. Contact person. *Domestic Violence Causes Long Term Health Consequences for Women. Bio-Medicine*. John Hopkins School of Nursing, Study [June 3, 2002], <http://news.bio-medicine.org/biology-news-2/Domestic-violence-causes-long-term-health-consequences-for-women-7453-1/> [accessed June 29, 2008].
- Taves, Ann, ed. *Religion and Domestic Violence in Early New England: The Memoirs of Abigail Abbot Bailey*, Indiana: University Press, 1989.
- The Diagnostic and Statistical Manual of Mental Disorder* places PTSD under anxiety disorders and notes that it is characterized by *the reexperiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma*. Washington, DC: American Psychiatric Association, 1994.
- Theissen, Gerd. Translated by John Bowden. *Sociology of Early Palestinian Christianity*. Philadelphia: Fortress Press, 1977.

- Theissen, Gerd and Annette Merz. *The Historical Jesus: A Comprehensive Guide*. Minneapolis: Fortress Press. 1998.
- Thomas, Owen C. and Ellen K. Wondra. *Introduction to Theology*. 3rd edition. Harrisburg: PA: Morehouse Publishing, 2002.
- Thurman, Howard. *With Head and Heart: The Autobiography of Howard Thurman*. San Diego: Harcourt Brace & Co., 1979.
- Tiffany, Frederick C. and Sharon H. Ringe. *Biblical Interpretation: A Roadmap*. Nashville: Abingdon Press, 1996.
- Townes, Emilie M., edited by. *A Troubling In My Soul: Womanist Perspectives on Evil and Suffering*. Maryknoll: Orbis Books, 1999.
- Townes, Emilie M. *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care*. New York: Continuum, 1998.
- Tracy, Steven R., *Mending the Soul: Understanding and healing abuse*, Grand Rapids: Zondervan, 2005.
- Turabian, Kate L., *A Manual for Writers of Term Papers, Theses, and Dissertations*. Chicago: IL, The University of Chicago Press, 2007.
- United States Cancer Statistics (USCS). <http://apps.nccd.cdc.gov/uscs/> [accessed September 10, 2009].
- United Theological Seminary. *Doctor of Ministry Student Handbook*. Dayton: UTS, 2010.
- Van Buren, Abigail Journalist, <http://www.brainyquote.com/quotes/quotes/a/abigailvan381033.html> [accessed February 11, 2010].
- Vyhmeister, Nancy Jean. *Quality Research Papers For Students of Religion and theology*. Grand Rapids, MI: Zondervan revised 2nd ed. 2008.
- Walker, Wyatt Tee. *Afro-Centrism and Christian Faith*. New York: Martin Luther King Fellows Press, 1988.
- Wan, Sze-kar, *Power in Weakness: Conflict and Rhetoric in Paul's Second Letter to the Corinthians, The New Testament in Context*, Howard Clark Kee and J. Andrew Overman, ed., Harrisburg: Trinity Press International, 2000.

- Washington, Harriet A., *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, New York: Harlem Moon Broadway Books, 2006.
- Welborn, L. L., *Paul, the Fool of Christ: a Study of 1 Corinthians 1-4 in the Comic-Philosophic Tradition*, New York, T&T Clark International, 2005.
- Williams, Delores S., *Sisters in the Wilderness: The Challenge of Womanist God-Talk*, Maryknoll: Orbis Books, 1993.
- Wolcott, Harry F. *Writing Up Qualitative Research*. Newbury Park, CA: Sage Publications, 1990.
- Yin, Robert K., *Case Study Research: Design and Methods*, 2nd ed. *Applied Social Research Methods Series, Volume 5*. Thousand Oaks: Sage Publications, 1994.